



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2007
OF THE CONDITION AND AFFAIRS OF THE

Metropolitan General Insurance Company

NAIC Group Code 0241 0241 NAIC Company Code 39950 Employer's ID Number 22-2342710
(Current) (Prior)

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry Rhode Island
Country of Domicile United States of America

Incorporated/Organized 06/30/1980 Commenced Business 10/13/1981

Statutory Home Office 700 Quaker Lane, Warwick, RI 02886-6669
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 700 Quaker Lane
(Street and Number)
Warwick, RI 02886-6669, 401-827-2400
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 350, 700 Quaker Lane, Warwick, RI 02887-0350
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 700 Quaker Lane
(Street and Number)
Warwick, RI 02886-6669, 800-638-4208
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.metlife.com

Statutory Statement Contact James Jeffrey DeAlmo, 800-638-4208
(Name) (Area Code) (Telephone Number)
jdealmo@metlife.com, 401-827-2315
(E-mail Address) (FAX Number)

OFFICERS

President William Douglas Moore # Treasurer Eric Thomas Steigerwalt #
Secretary Maura Catherine Travers

OTHER

<u>Susan Ann Buffum Vice President</u>	<u>Christopher Cawley Senior Vice President</u>	<u>William Mark Coggan Vice President</u>
<u>Michael Frederick Convery Vice President</u>	<u>Martin William Deede Vice President</u>	<u>Michelle Mohr DeWine Vice President</u>
<u>Scott David Kuczmariski Vice President</u>	<u>Paul Anthony Lonnemann Senior Vice President</u>	<u>Robert Francis Lundgren Vice President</u>
<u>James Earl McIntosh Vice President</u>	<u>Barry Gregory Morphis Vice President</u>	<u>Margaret Ann Rody Vice President</u>
<u>Mark Jay Silverman Vice President</u>	<u>Ralph George Spontak Vice President</u>	<u>Edward Elliot Veazey Vice President</u>
<u>Michael Clifford Walsh Vice President</u>	<u>Anne Kaiper Wilson Vice President</u>	

DIRECTORS OR TRUSTEES

William Douglas Moore Margaret Ann Rody Edward Elliot Veazey
Michael Clifford Walsh

State of Rhode Island SS:
County of Kent

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William D. Moore
President

Maura C. Travers
Secretary

Subscribed and sworn to before me this
14th day of February, 2008

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

Deborah L. Masterson
Notary
June 24, 2009



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Alabama

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	701,026	779,513	0	171,709	708,764	267,838	545,679	76,722	40,266	66,382	26,352	25,144
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	554,017	612,691	0	125,957	196,434	193,841	29,154	0	(610)	366	22,821	19,871
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	1,255,043	1,392,204	0	297,666	905,198	461,679	574,833	76,722	39,656	66,748	49,173	45,015
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 5,680

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.AL



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Alaska

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Flood, etc., and a 'TOTALS (a)' row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.AK



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Arizona

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	432,833	478,439	0	107,023	(36,398)	(344,869)	268,753	10,508	(19,001)	29,766	31,185	10,188
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	439,969	485,551	0	109,179	185,612	177,996	17,940	1,315	1,410	132	32,047	10,356
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	872,802	963,990	0	216,202	149,214	(166,873)	286,693	11,823	(17,591)	29,898	63,232	20,544
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 16,047

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.AZ



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Arkansas

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	1,800
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	1,800
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	1,800
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	1,800

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 AR



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of California

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Colorado

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical malpractice	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits program premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Other liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	5,508	(20,608)	9,136	(4,582)	1,728	.0	.0	.0
19.2 Other private passenger auto liability	150,161	173,719	.0	30,811	274,820	87,036	135,333	13,214	(7,312)	16,169	10,176	3,253
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	94,321	110,378	.0	19,802	55,737	64,901	7,404	(52)	(21)	6,388	.0	2,043
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. TOTALS (a)	244,482	284,097	0	50,613	336,065	131,329	151,873	13,214	(11,946)	17,876	16,564	5,296
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 5,914

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 CO



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Connecticut

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical malpractice	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits program premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Other liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	580,680	655,044	.0	134,471	998,432	52,240	901,437	21,406	(73,268)	113,151	35,466	6,145
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	256,514	293,881	.0	60,056	95,845	107,523	4,432	3,539	3,416	.40	16,103	2,715
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. TOTALS (a)	837,194	948,925	0	194,527	1,094,277	159,763	905,869	24,945	(69,852)	113,191	51,569	8,860
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 20,759

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

20.CT



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Delaware

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	50	0	0	9	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	(17)	15	0	(2)	1	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	(1)	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	0	0	0	0	0	(16)	65	0	(1)	10	0	0
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 DE



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of District of Columbia

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	1,200
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	1,200
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	1,200
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	1,200

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

201DC



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Florida

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 20,526

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Georgia

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	928,275	967,062	0	232,953	642,106	468,813	603,253	23,267	6,390	65,413	30,453	55,723
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	698,743	733,173	0	164,944	161,086	162,176	27,962	0	(60)	102	23,340	41,944
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	1,627,018	1,700,235	0	397,897	803,192	630,989	631,215	23,267	6,330	65,515	53,793	97,667
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 15,430

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 GA



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Hawaii

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril, Flood, etc., and a 'TOTALS (a)' row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.HI



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Idaho

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical malpractice	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits program premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Other liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	168,159	185,813	.0	39,338	332,381	132,680	161,070	28,451	8,378	19,895	11,987	4,744
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	98,849	111,144	.0	23,584	66,759	74,063	1,500	.0	(41)	.1	6,918	2,789
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. TOTALS (a)	267,008	296,957	0	62,922	399,140	206,743	162,570	28,451	8,337	19,896	18,905	7,533
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 8,267

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

201D



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Illinois

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical malpractice	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits program premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Other liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	172,148	187,998	.0	42,843	159,343	185,021	206,318	6,961	10,683	24,150	10,099	3,065
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	129,208	138,098	.0	33,832	36,666	38,836	(577)	.0	(48)	40	7,582	2,301
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. TOTALS (a)	301,356	326,096	0	76,675	196,009	223,857	205,741	6,961	10,635	24,190	17,681	5,366
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 6,852

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

201L



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Indiana

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 6,994

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.IN



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Iowa

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	100
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	100
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	100
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	100

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

201A



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Kansas

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., and a TOTALS (a) row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 KS



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Kentucky

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	109,773	129,108	0	21,076	3,923	6,077	73,922	2,595	3,733	13,999	7,981	1,842
19.2 Other private passenger auto liability	471,586	548,402	0	91,453	417,800	234,276	360,575	22,523	8,999	42,224	33,154	7,913
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	189,535	212,248	0	37,837	73,882	62,718	(1,107)	(96)	42	12,810	3,180	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	770,894	889,758	0	150,366	495,605	303,071	433,390	25,118	12,636	56,265	53,945	12,935
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 KY



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Louisiana

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	775,828	836,086	0	170,488	617,011	216,772	529,669	152,764	115,238	62,047	55,052	34,411
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	551,591	593,242	0	120,328	269,040	(36,345)	(8,226)	0	(7,108)	214	38,828	24,465
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	1,327,419	1,429,328	0	290,816	886,051	180,427	521,443	152,764	108,130	62,261	93,880	58,876
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 35,895

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.LA



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Maine

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	276,842	326,394	0	56,421	222,540	128,734	387,564	6,755	2,739	48,890	18,534	5,431
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	132,695	141,548	0	27,345	15,124	24,693	9,930	0	4	31	8,141	2,603
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	409,537	467,942	0	83,766	237,664	153,427	397,494	6,755	2,743	48,921	26,675	8,034
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 22,136

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

20 ME



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Maryland

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	1,800
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	1,800
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	1,800
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	1,800

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Massachusetts

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	10,269
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	10,269
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	10,269
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	10,269

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 MA



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Michigan

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	20,632	22,594	0	4,034	582,064	262,522	1,584,905	0	(41,021)	300,297	48	388
19.2 Other private passenger auto liability	7,739	8,383	0	1,570	249	(84)	1,253	0	(23)	156	18	145
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	33,202	36,631	0	6,399	14,253	17,371	3,954	0	(13)	(8)	64	624
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	61,573	67,608	0	12,003	596,566	279,809	1,590,112	0	(41,057)	300,445	130	1,157
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 845

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.MI



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Minnesota

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	90,193	102,415	0	19,457	46,355	6,184	184,447	2,685	(2,607)	34,951	2,734	2,141
19.2 Other private passenger auto liability	191,626	216,975	0	41,339	220,894	12,298	573,981	57,835	42,875	73,637	5,830	4,548
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	156,073	172,935	0	32,486	78,126	64,703	1,272	50	(63)	151	5,230	3,704
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	437,892	492,325	0	93,282	345,375	83,185	759,700	60,570	40,205	108,739	13,794	10,393
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 10,435

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 MN



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Mississippi

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical malpractice	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits program premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Other liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability	166,919	183,100	.0	36,334	114,929	39,154	125,355	4,643	(2,702)	14,977	9,430	5,296
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	113,153	121,522	.0	25,725	24,674	(19,523)	(3,874)	.0	(851)	30	6,395	3,590
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. TOTALS (a)	280,072	304,622	0	62,059	139,603	19,631	121,481	4,643	(3,553)	15,007	15,825	8,886
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 4,318

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

20 MS



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Missouri

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	122,347	133,151	0	28,741	231,039	(28,064)	122,242	24,701	(3,846)	14,129	1,286	2,571
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	88,152	94,806	0	22,290	12,093	9,487	2,613	0	(12)	106	1,130	1,852
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	210,499	227,957	0	51,031	243,132	(18,577)	124,855	24,701	(3,858)	14,235	2,416	4,423
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.MO



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Montana

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	151,978	166,182	0	31,816	173,541	65,962	226,804	22,371	14,757	28,078	13,472	5,186
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	78,794	85,989	0	16,557	36,473	30,898	5,420	0	(16)	(13)	7,065	2,689
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	230,772	252,171	0	48,373	210,014	96,860	232,224	22,371	14,741	28,065	20,537	7,875
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 6,469

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 MT



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Nebraska

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	450
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	450
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	450
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	450

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 NIE



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Nevada

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril, Flood, etc., and a 'TOTALS (a)' row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.NV



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of New Hampshire

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	4,854,661	4,378,757	658	1,994,743	2,133,218	2,552,739	2,838,971	102,161	169,916	322,584	370,301	86,778
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	3,731,033	3,299,547	479	1,556,902	1,922,480	2,065,078	112,359	592	703	1,046	287,629	66,693
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	8,585,694	7,678,304	1,137	3,551,645	4,055,698	4,617,817	2,951,330	102,753	170,619	323,630	657,930	153,471
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 77,705

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

20 NH



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of New Jersey

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril, Flood, etc., and a 'TOTALS (a)' row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.NJ



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of New Mexico

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Flood, etc., and a 'TOTALS (a)' row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 NM



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of New York

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	492,926	541,250	0	110,576	530,607	11,582	1,164,792	125,230	44,154	220,708	26,180	12,677
19.2 Other private passenger auto liability	920,817	1,004,416	0	206,391	1,479,421	(284,319)	1,497,706	125,249	(50,976)	184,929	48,071	23,681
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	719,747	777,619	0	160,189	325,120	318,011	2,836	48	(56)	289	34,850	18,510
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	2,133,490	2,323,285	0	477,156	2,335,148	45,274	2,665,334	250,527	(6,878)	405,926	109,101	54,868
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 68,657

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.NY



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of North Carolina

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril, Flood, etc., and a 'TOTALS (a)' row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 NC



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of North Dakota

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	774	986	0	211	4	4	297	0	1	45	40	102
19.2 Other private passenger auto liability	3,248	3,935	0	879	989	4,278	3,590	0	13	22	182	427
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	1,201	2,492	0	72	3,257	1,539	62	(43)	0	60	158	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	5,223	7,413	0	1,162	4,246	5,821	3,949	0	(29)	67	282	687
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$171

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

20,ND



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Ohio

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	323,932	364,567	0	75,007	268,065	185,991	252,742	24,159	21,636	30,722	9,479	6,435
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	251,959	280,763	0	54,697	54,198	45,502	5,591	0	(168)	101	7,860	5,005
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	575,891	645,330	0	129,704	322,263	231,493	258,333	24,159	21,468	30,823	17,339	11,440
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 15,141

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 OH



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Oklahoma

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	1,500
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	1,500
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	1,500
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	1,500

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 OK



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Oregon

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical malpractice	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits program premium (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Other liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection)	27,652	32,626	.0	6,269	(9,514)	4,683	21,773	.0	2,768	4,119	3,570	2,336
19.2 Other private passenger auto liability	102,822	121,931	.0	23,350	268,204	5,229	146,694	15,903	(9,212)	18,212	11,544	8,685
19.3 Commercial auto no-fault (personal injury protection)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage	65,630	77,320	.0	15,408	25,044	20,554	(1,914)	.0	17	15	3,472	5,544
21.2 Commercial auto physical damage	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. TOTALS (a)	196,104	231,877	0	45,027	283,734	30,466	166,553	15,903	(6,427)	22,346	18,586	16,565
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 2,982

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 OR



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Pennsylvania

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	598	654	0	129	116	4,377	231,975	0	3,140	43,951	32	69
19.2 Other private passenger auto liability	3,517	3,969	0	895	0	(213)	75,861	3,192	4,415	9,868	188	407
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	4,448	4,786	0	1,044	207	197	63	0	0	1	237	515
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	8,563	9,409	0	2,068	323	4,361	307,899	3,192	7,555	53,820	457	991
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$55

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Rhode Island

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	970,835	1,146,139	0	250,148	1,273,123	326,186	1,310,015	17,253	(70,406)	161,669	46,701	26,699
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	437,770	505,057	0	107,063	128,815	126,921	(6,166)	0	(109)	132	22,402	12,039
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	1,408,605	1,651,196	0	357,211	1,401,938	453,107	1,303,849	17,253	(70,515)	161,801	69,103	38,738
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 22,804

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of South Carolina

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 SC



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of South Dakota

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	740
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	740
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	740
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	740

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 SD



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Tennessee

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	228,923	253,079	0	52,813	221,480	107,420	195,536	33,762	22,003	23,332	12,161	1,281
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	189,676	208,631	0	41,896	30,257	21,630	8,703	0	(206)	125	9,277	1,061
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	418,599	461,710	0	94,709	251,737	129,050	204,239	33,762	21,797	23,457	21,438	2,342
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 8,128

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Texas

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	110,801	115,729	0	25,129	91,306	109,214	70,652	9,053	12,971	13,351	6,988	1,764
19.2 Other private passenger auto liability	1,878,928	1,964,520	0	428,108	1,463,950	1,320,009	1,602,270	108,945	103,608	186,060	116,645	29,906
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	1,718,059	1,779,479	0	396,866	902,104	882,207	111,032	1,641	79	1,236	112,588	27,345
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	3,707,788	3,859,728	0	850,103	2,457,360	2,311,430	1,783,954	119,639	116,658	200,647	236,221	59,015
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 43,164

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.TX



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Utah

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	86,303	97,006	0	20,973	(3,168)	(14,212)	71,106	0	(1,240)	13,468	6,734	1,940
19.2 Other private passenger auto liability	614,893	688,468	0	151,069	619,725	171,356	613,209	65,759	23,131	72,340	47,404	13,824
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	541,199	606,040	0	134,286	149,557	152,613	14,714	775	769	38	41,438	12,168
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	1,242,395	1,391,514	0	306,328	766,114	309,757	699,029	66,534	22,660	85,846	95,576	27,932
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 29,496

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 UT



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Vermont

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	400
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	400
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	400
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	400

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Virginia

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	640	(74)	1,011	0	(131)	163	0	0
19.2 Other private passenger auto liability	592,899	679,151	0	130,894	364,710	168,540	371,684	16,263	2,576	43,056	19,541	14,112
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	443,973	499,907	0	99,141	149,701	120,977	2,615	0	135	173	15,241	10,567
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	1,036,872	1,179,058	0	230,035	515,051	289,443	375,310	16,263	2,580	43,392	34,782	24,679
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 22,200

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Washington

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	36,499	40,294	0	8,900	33,936	29,330	15,825	(678)	2,986	1,476	688	0
19.2 Other private passenger auto liability	335,911	371,201	0	78,516	458,836	107,209	399,194	81,448	48,225	49,874	10,260	6,332
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	244,904	266,412	0	55,715	78,135	70,697	8,554	22	(4)	8,210	4,617	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	617,314	677,907	0	143,131	570,907	207,236	423,573	81,448	47,569	52,856	19,946	11,637
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20 WA



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of West Virginia

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	1,375
34. TOTALS (a)	0	0	0	0	0	0	0	0	0	0	0	1,375
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	1,375
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	1,375

(a) Finance and service charges not included in Lines 1 to 34 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.WV



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Wisconsin

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	192,715	218,888	0	42,695	351,390	19,855	266,842	40,248	5,751	32,554	4,844	3,521
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	150,540	167,010	0	33,907	42,953	48,610	(1,541)	0	(162)	91	3,528	2,751
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
34. TOTALS (a)	343,255	385,898	0	76,602	394,343	68,465	265,301	40,248	5,589	32,645	8,372	6,272
DETAILS OF WRITE-INS												
3301.												
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 34 \$ 7,939

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

20.WI



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Wyoming

During the Year 2007

NAIC Company Code 39950

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., and a TOTALS (a) row.

(a) Finance and service charges not included in Lines 1 to 34 \$ 6,559

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.WY



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0241

Direct Business in the state of Grand Total

During the Year 2007

NAIC Company Code 39950

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical malpractice	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17. Other liability	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	3,894,522	4,715,989	2,059	565,609	4,785,508	4,069,512	4,832,771	183,960	105,176	915,582	234,239	79,901
19.2 Other private passenger auto liability	24,958,833	25,442,952	4,713	7,116,699	19,465,326	11,244,818	20,880,277	1,371,253	694,103	2,472,469	1,510,584	564,405
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	17,835,787	18,069,188	3,067	5,046,409	7,194,205	6,512,498	505,289	24,587	4,538	7,320	1,097,363	404,895
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
33. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	19,634
34. TOTALS (a)	46,689,142	48,228,129	9,839	12,728,717	31,445,039	21,826,828	26,218,337	1,579,800	803,817	3,395,371	2,842,186	1,068,835
DETAILS OF WRITE-INS												
3301. MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	19,634
3302.												
3303.												
3398. Summary of remaining write-ins for Line 33 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3399. Totals (Lines 3301 thru 3303 plus 3398)(Line 33 above)	0	0	0	0	0	0	0	0	0	0	0	19,634

(a) Finance and service charges not included in Lines 1 to 34 \$ 491,568

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

20.GT

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	
2.2	Totals, Part 3, Column 8	
3.	Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14	
4.2	Totals, Part 3, Column 10	
5.	Total profit (loss) on sales, Part 3, Column 15	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 9	
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	
8.	Book/adjusted carrying value at end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	1,267,509
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	773,759
2.2	Additional investment made after acquisitions	0
3.	Accrual of discount	0
4.	Increase (decrease) by adjustment	0
5.	Total profit (loss) on sale	0
6.	Amounts paid on account or in full during the year	1,878,351
7.	Amortization of premium	0
8.	Increase (decrease) by foreign exchange adjustment	0
9.	Book/adjusted carrying value of long-term invested assets at end of current period	162,917
10.	Total valuation allowance	0
11.	Subtotal (Lines 9 plus 10)	162,917
12.	Total nonadmitted amounts	0
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	162,917

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments , Schedules D & DA (Group 1)											
1.1 Class 1	0	152,992	2,031,876	1,122,259	0	3,307,127	11.5	3,060,738	11.7	3,307,127	0
1.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
1.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
1.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
1.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
1.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	0	152,992	2,031,876	1,122,259	0	3,307,127	11.5	3,060,738	11.7	3,307,127	0
2. All Other Governments , Schedules D & DA (Group 2)											
2.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
2.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
2.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1	0	0	1,250,062	0	1,500,000	2,750,062	9.6	2,546,250	9.8	2,750,062	0
3.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
3.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
3.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	1,250,062	0	1,500,000	2,750,062	9.6	2,546,250	9.8	2,750,062	0
4. Political Subdivisions of States, Territories and Possessions , Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1	21,218	5,195,560	2,900,218	3,251,542	5,306,506	16,675,044	58.0	13,746,973	52.7	16,675,043	1
4.2 Class 2	0	0	0	1,754,222	2,791,131	4,545,353	15.8	6,037,179	23.1	4,545,353	0
4.3 Class 3	0	0	0	0	0	0	0.0	701,916	2.7	0	0
4.4 Class 4	0	0	692,041	0	0	692,041	2.4	0	0.0	692,041	0
4.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	21,218	5,195,560	3,592,259	5,005,764	8,097,637	21,912,438	76.2	20,486,068	78.5	21,912,437	1
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1	0	0	0	0	778,381	778,381	2.7	0	0.0	778,381	0
5.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
5.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
5.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
5.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
5.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	778,381	778,381	2.7	0	0.0	778,381	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
6.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
6.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
6.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
7.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
7.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
7.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
7.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
7.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
8.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
8.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
8.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
8.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	0	0
9.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	0	0
9.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	0	0
9.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	21,218	5,348,552	6,182,156	4,373,801	7,584,887	23,510,614	81.8	XXX	XXX	23,510,613	1
10.2 Class 2	0	0	0	1,754,222	2,791,131	4,545,353	15.8	XXX	XXX	4,545,353	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	692,041	0	0	692,041	2.4	XXX	XXX	692,041	0
10.5 Class 5	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	21,218	5,348,552	6,874,197	6,128,023	10,376,018	28,748,008	100.0	XXX	XXX	28,748,007	1
10.8 Line 10.7 as a % of Col. 6	0.1	18.6	23.9	21.3	36.1	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	785,225	5,176,955	5,050,706	4,250,286	4,090,789	XXX	XXX	19,353,961	74.2	19,353,961	0
11.2 Class 2	0	2,003,142	0	4,034,037	0	XXX	XXX	6,037,179	23.1	6,037,179	0
11.3 Class 3	701,916	0	0	0	0	XXX	XXX	701,916	2.7	701,916	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	1,487,141	7,180,097	5,050,706	8,284,323	4,090,789	XXX	XXX	26,093,056	100.0	26,093,056	0
11.8 Line 11.7 as a % of Col. 8	5.7	27.5	19.4	31.7	15.7	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	21,218	5,348,551	6,182,156	4,373,800	7,584,887	23,510,612	81.8	19,353,961	74.2	23,510,612	XXX
12.2 Class 2	0	0	0	1,754,222	2,791,131	4,545,353	15.8	6,037,179	23.1	4,545,353	XXX
12.3 Class 3	0	0	0	0	0	0	0.0	701,916	2.7	0	XXX
12.4 Class 4	0	0	692,041	0	0	692,041	2.4	0	0.0	692,041	XXX
12.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	21,218	5,348,551	6,874,197	6,128,022	10,376,018	28,748,006	100.0	26,093,056	100.0	28,748,006	XXX
12.8 Line 12.7 as a % of Col. 6	0.1	18.6	23.9	21.3	36.1	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.1	18.6	23.9	21.3	36.1	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	0	1	0	1	0	2	0.0	0	0.0	XXX	2
13.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	1	0	1	0	2	0.0	0	0.0	XXX	2
13.8 Line 13.7 as a % of Col. 6	0.0	50.0	0.0	50.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ 0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 0 current year, \$ 0 prior year of bonds with Z designations and \$ 0, current year \$ 0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5* designations and \$ 0, current year \$ 0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	0	152,992	2,031,876	1,122,259	0	3,307,127	11.5	3,060,738	11.7	3,307,127	0
1.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	0	152,992	2,031,876	1,122,259	0	3,307,127	11.5	3,060,738	11.7	3,307,127	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations	0	0	1,250,062	0	1,500,000	2,750,062	9.6	2,546,250	9.8	2,750,062	0
3.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	1,250,062	0	1,500,000	2,750,062	9.6	2,546,250	9.8	2,750,062	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations	21,218	5,195,560	3,592,259	5,005,764	8,097,637	21,912,438	76.2	20,486,068	78.5	21,912,437	1
4.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	21,218	5,195,560	3,592,259	5,005,764	8,097,637	21,912,438	76.2	20,486,068	78.5	21,912,437	1
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations	0	0	0	0	778,381	778,381	2.7	0	0.0	778,381	0
5.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	778,381	778,381	2.7	0	0.0	778,381	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated) Schedules D & DA (Group 6)											
6.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
6.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
6.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial and Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
7.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
7.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
9.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES:											
9.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	21,218	5,348,552	6,874,197	6,128,023	10,376,018	28,748,008	100.0	XXX	XXX	28,748,007	.1
10.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	21,218	5,348,552	6,874,197	6,128,023	10,376,018	28,748,008	100.0	XXX	XXX	28,748,007	.1
10.8 Line 10.7 as a % of Col. 6	0.1	18.6	23.9	21.3	36.1	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	1,487,141	7,180,097	5,050,706	8,284,323	4,090,789	XXX	XXX	26,093,056	100.0	26,093,056	0
11.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	1,487,141	7,180,097	5,050,706	8,284,323	4,090,789	XXX	XXX	26,093,056	100.0	26,093,056	0
11.8 Line 11.7 as a % of Col. 8	5.7	27.5	19.4	31.7	15.7	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	21,218	5,348,551	6,874,197	6,128,023	10,376,018	28,748,007	100.0	26,093,056	100.0	28,748,007	XXX
12.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	21,218	5,348,551	6,874,197	6,128,023	10,376,018	28,748,007	100.0	26,093,056	100.0	28,748,007	XXX
12.8 Line 12.7 as a % of Col. 6	0.1	18.6	23.9	21.3	36.1	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.1	18.6	23.9	21.3	36.1	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	0	.1	0	0	0	.1	0.0	0	0.0	XXX	.1
13.2 Single Class Mortgage-Backed /Asset Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	.1	0	0	0	.1	0.0	0	0.0	XXX	.1
13.8 Line 13.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

Schedule DA - Part 2

NONE

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule F - Part 1

NONE

Schedule F - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis-sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
13-2725441	26298	Metropolitan Property and Casualty Insurance Company	RI		46,689	0	0	18,443	2,311	7,776	1,084	12,729	0	42,343	0	0	42,343	0
0199999		Total Authorized - Affiliates - U.S. Intercompany Pooling			46,689	0	0	18,443	2,311	7,776	1,084	12,729	0	42,343	0	0	42,343	0
0499999		Total Authorized - Affiliates			46,689	0	0	18,443	2,311	7,776	1,084	12,729	0	42,343	0	0	42,343	0
0599998		Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
0599999		Total Authorized - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899998		Total Authorized - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999		Total Authorized - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0
0999999		Total Authorized			46,689	0	0	18,443	2,311	7,776	1,084	12,729	0	42,343	0	0	42,343	0
1399999		Total Unauthorized - Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499998		Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499999		Total Unauthorized - Other U.S. Unaffiliated Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0
1799998		Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)			0	0	0	0	0	0	0	0	0	0	0	0	0	0
1799999		Total Unauthorized - Other Non-U.S. Insurers			0	0	0	0	0	0	0	0	0	0	0	0	0	0
1899999		Total Unauthorized			0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999999		Total Authorized and Unauthorized			46,689	0	0	18,443	2,311	7,776	1,084	12,729	0	42,343	0	0	42,343	0
2099999		Total Protected Cells			0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999		Totals			46,689	0	0	18,443	2,311	7,776	1,084	12,729	0	42,343	0	0	42,343	0

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1.	0.000	.....0
2.	0.000	.....0
3.	0.000	.....0
4.	0.000	.....0
5.	0.000	.....0

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1. Metropolitan Property and Casualty Insurance Company	42,342,421	46,689,142	Yes [X] No []
2.	0	0	Yes [] No []
3.	0	0	Yes [] No []
4.	0	0	Yes [] No []
5.	0	0	Yes [] No []

Schedule F - Part 4

NONE

Schedule F - Part 5

NONE

Schedule F - Part 6

NONE

Schedule F - Part 7

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	30,427,438	0	30,427,438
2. Premiums and considerations (Line 13)	0	9,062,175	9,062,175
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14.1)	0	0	0
4. Funds held by or deposited with reinsured companies (Line 14.2)	0	0	0
5. Other assets	777,419	1,041,861	1,819,280
6. Net amount recoverable from reinsurers	0	34,176,612	34,176,612
7. Protected cell assets (Line 25)	0	0	0
8. Totals (Line 26)	31,204,857	44,280,648	75,485,505
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	30,897,650	30,897,650
10. Taxes, expenses, and other obligations (Lines 4 through 8)	804,744	654,287	1,459,031
11. Unearned premiums (Line 9)	0	12,728,711	12,728,711
12. Advance premiums (Line 10)	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15. Funds held by company under reinsurance treaties (Line 13)	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17. Provision for reinsurance (Line 16)	0	0	0
18. Other liabilities	37,116	0	37,116
19. Total liabilities excluding protected cell business (Line 24)	841,860	44,280,648	45,122,508
20. Protected cell liabilities (Line 25)	0	0	0
21. Surplus as regards policyholders (Line 35)	30,362,998	XXX	30,362,998
22. Totals (Line 36)	31,204,858	44,280,648	75,485,506

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

If yes, give full explanation: Refer to Footnote #25 Intercompany Pooling Arrangements.

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	3,386	0	3,386	2,352	345	21	2	289	0	22	2,315	1,219
3. 1999.....	4,579	0	4,579	2,466	11	32	0	268	0	17	2,755	1,048
4. 2000.....	7,153	0	7,153	4,464	3	149	0	363	0	10	4,973	1,366
5. 2001.....	3,938	3,938	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	9,282	359	202	2	920	0	49	10,043	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	2,662	347	2,315	78.6	0.0	68.4	0	0	1.6	0	0
3. 1999.....	2,766	11	2,755	60.4	0.0	60.2	0	0	1.6	0	0
4. 2000.....	4,976	3	4,973	69.6	0.0	69.5	0	0	1.6	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(6)	(6)	0	0	1	1	0	0	XXX
2. 1998.....	86,282	74,580	11,702	15,108	7,435	1,206	978	1,167	34	228	9,034	3,121
3. 1999.....	86,594	73,832	12,762	21,190	12,601	2,383	2,097	1,305	110	157	10,070	4,095
4. 2000.....	92,811	76,651	16,160	49,312	38,380	3,303	2,712	2,570	467	60	13,626	9,828
5. 2001.....	83,153	83,153	0	59,531	59,531	2,640	2,640	1,176	1,176	0	0	19,158
6. 2002.....	68,224	68,224	0	42,021	42,021	1,893	1,893	1,059	1,059	0	0	13,993
7. 2003.....	60,014	60,014	0	32,012	32,012	1,431	1,431	919	919	0	0	11,289
8. 2004.....	53,766	53,766	0	27,829	27,829	1,187	1,187	819	819	0	0	9,536
9. 2005.....	44,572	44,572	0	22,602	22,602	732	732	695	695	0	0	7,867
10. 2006.....	35,726	35,726	0	16,608	16,608	157	157	426	426	0	0	6,124
11. 2007.....	30,159	30,159	0	9,378	9,378	26	26	137	137	0	0	4,753
12. Totals	XXX	XXX	XXX	295,585	268,391	14,958	13,853	10,274	5,843	445	32,730	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	356	356	66	66	65	65	11	11	46	46	0	0	48
2. 1998.....	1,295	1,295	159	159	244	244	30	30	181	181	0	0	18
3. 1999.....	34	34	206	206	5	5	35	35	21	21	0	0	21
4. 2000.....	188	188	459	459	29	29	73	73	51	51	0	0	42
5. 2001.....	329	329	581	581	44	44	103	103	75	75	0	0	40
6. 2002.....	271	271	771	771	38	38	111	111	56	56	0	0	57
7. 2003.....	576	576	651	651	77	77	96	96	63	63	0	0	53
8. 2004.....	1,060	1,060	683	683	134	134	97	97	70	70	0	0	88
9. 2005.....	2,175	2,175	1,403	1,403	284	284	192	192	138	138	0	0	158
10. 2006.....	2,801	2,801	2,133	2,133	353	353	286	286	181	181	0	0	248
11. 2007.....	6,505	6,505	3,011	3,011	728	728	354	354	381	381	0	0	1,069
12. Totals	15,590	15,590	10,123	10,123	2,001	2,001	1,388	1,388	1,263	1,263	0	0	1,842

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	19,390	10,356	9,034	22.5	13.9	77.2	0	0	1.6	0	0
3. 1999.....	25,179	15,109	10,070	29.1	20.5	78.9	0	0	1.6	0	0
4. 2000.....	55,985	42,359	13,626	60.3	55.3	84.3	0	0	1.6	0	0
5. 2001.....	64,479	64,479	0	77.5	77.5	0.0	0	0	0.0	0	0
6. 2002.....	46,220	46,220	0	67.7	67.7	0.0	0	0	0.0	0	0
7. 2003.....	35,825	35,825	0	59.7	59.7	0.0	0	0	0.0	0	0
8. 2004.....	31,879	31,879	0	59.3	59.3	0.0	0	0	0.0	0	0
9. 2005.....	28,221	28,221	0	63.3	63.3	0.0	0	0	0.0	0	0
10. 2006.....	22,945	22,945	0	64.2	64.2	0.0	0	0	0.0	0	0
11. 2007.....	20,520	20,520	0	68.0	68.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	5	5	0	0	0	0	0	0	1
3. 1999.....	0	0	0	2	2	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	7	7	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	5	5	0	0.0	0.0	0.0	0	0	1.6	0	0
3. 1999.....	2	2	0	0.0	0.0	0.0	0	0	1.6	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	5	0	5	0	0	0	0	0	0	0	0	0
3. 1999.....	6	0	6	0	0	0	0	0	0	0	0	0
4. 2000.....	8	0	8	0	0	0	0	0	0	0	0	0
5. 2001.....	4	4	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 1998	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	147	0	147	90	0	4	0	0	0	0	0	94
3. 1999.....	199	0	199	108	0	13	0	0	0	0	0	121
4. 2000.....	345	0	345	177	0	15	0	5	0	0	0	197
5. 2001.....	176	176	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	375	0	32	0	5	0	0	0	412

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 1998.....	94	0	94	63.9	0.0	63.9	0	0	1.6	0	0
3. 1999.....	121	0	121	60.8	0.0	60.8	0	0	1.6	0	0
4. 2000.....	197	0	197	57.1	0.0	57.1	0	0	1.6	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported-Direct and Assumed		
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	(153)	(153)	8	8	1	1	0	0	XXX
2. 2006	20,643	20,643	0	9,497	9,497	18	18	144	144	0	0	6,311
3. 2007	18,069	18,069	0	7,360	7,360	5	5	105	105	0	0	5,539
4. Totals	XXX	XXX	XXX	16,704	16,704	31	31	250	250	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	11	11	(32)	(32)	0	0	0	0	6	6	0	0	2
2. 2006	4	4	40	40	0	0	1	1	4	4	0	0	2
3. 2007	857	857	(373)	(373)	1	1	4	4	11	11	0	0	256
4. Totals	872	872	(365)	(365)	1	1	5	5	21	21	0	0	260

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2006	9,708	9,708	0	47.0	47.0	0.0	0	0	0.0	0	0
3. 2007	7,970	7,970	0	44.1	44.1	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1K - FIDELITY/SURETY
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1M - INTERNATIONAL
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 10 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1P - REINSURANCE - NONPROPORTIONAL ASSUMED FINANCIAL LINES
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2001.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 1998.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 1999.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2000.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2001.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2002.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2003.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2004.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2005.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported-Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0		0	XXX	0	0
2. 2006.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2007.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	11 One Year	12 Two Year
1. Prior.....	485	481	467	467	467	467	467	467	467	467	0	0
2. 1998.....	2,026	2,046	2,026	2,026	2,026	2,026	2,026	2,026	2,026	2,026	0	0
3. 1999.....	XXX	2,383	2,487	2,487	2,487	2,487	2,487	2,487	2,487	2,487	0	0
4. 2000.....	XXX	XXX	4,609	4,610	4,610	4,610	4,610	4,610	4,610	4,610	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	4,666	4,665	4,718	4,718	4,718	4,718	4,718	4,718	4,718	4,718	0	0
2. 1998.....	7,723	7,907	7,901	7,901	7,901	7,901	7,901	7,901	7,901	7,901	0	0
3. 1999.....	XXX	8,532	8,875	8,875	8,875	8,875	8,875	8,875	8,875	8,875	0	0
4. 2000.....	XXX	XXX	11,523	11,523	11,523	11,523	11,523	11,523	11,523	11,523	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2D- WORKERS' COMPENSATION

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

**ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 2F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	11 One Year	12 Two Year
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	261	199	179	179	179	179	179	179	179	179	0	0
2. 1998.....	109	116	94	94	94	94	94	94	94	94	0	0
3. 1999.....	XXX	459	121	121	121	121	121	121	121	121	0	0
4. 2000.....	XXX	XXX	192	192	192	192	192	192	192	192	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

**ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
2. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	0	0	0	0	0						
2. 2006.....	XXX	0	0	0	XXX							
3. 2007.....	XXX	0	XXX	XXX								
4. Totals											0	0

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	0	0	0	0	0						
2. 2006.....	XXX	0	0	0	XXX							
3. 2007.....	XXX	0	XXX	XXX								
4. Totals											0	0

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	0	0	0	0	0						
2. 2006.....	XXX	0	0	0	XXX							
3. 2007.....	XXX	0	XXX	XXX								
4. Totals											0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

**SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	11 One Year	12 Two Year
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

**SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior	34	34	36	36	36	36	36	36	36	36	.0	.0
2. 1998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

**SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	11 One Year	12 Two Year
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS MADE

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	.0	.0	.0	.0	.0						
2. 2006	XXX	.0	.0	.0	XXX							
3. 2007	XXX	.0	XXX	XXX								
4. Totals											0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007			
1. Prior	.000	.192	.342	.467	.467	.467	.467	.467	.467	.467	.467	2,621	1,909
2. 1998	1,574	1,879	1,950	2,026	2,026	2,026	2,026	2,026	2,026	2,026	2,026	927	292
3. 1999	XXX	1,696	2,300	2,487	2,487	2,487	2,487	2,487	2,487	2,487	2,487	794	254
4. 2000	XXX	XXX	3,391	4,610	4,610	4,610	4,610	4,610	4,610	4,610	4,610	1,092	274
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.000	2,295	3,456	4,718	4,718	4,718	4,718	4,718	4,718	4,718	4,718	4,380	4,195
2. 1998	3,037	5,585	6,679	7,901	7,901	7,901	7,901	7,901	7,901	7,901	7,901	2,492	611
3. 1999	XXX	3,277	6,252	8,875	8,875	8,875	8,875	8,875	8,875	8,875	8,875	3,354	720
4. 2000	XXX	XXX	4,405	11,523	11,523	11,523	11,523	11,523	11,523	11,523	11,523	7,943	1,843
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0	0	15,020	4,098
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	10,892	3,044
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	8,491	2,745
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	7,330	2,118
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	5,934	1,775
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	4,416	1,460
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2,813	871

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	34	13
2. 1998	0	0	0	0	0	0	0	0	0	0	0	1	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

SCHEDULE P - PART 3D- WORKERS' COMPENSATION

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

SCHEDULE P - PART 3E- COMMERCIAL MULTIPLE PERIL

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007			
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	.000	.91	.126	.179	.179	.179	.179	.179	.179	.179	.179	.0	.0
2. 1998.....	.0	.36	.49	.94	.94	.94	.94	.94	.94	.94	.94	.0	.0
3. 1999.....	XXX	.1	.28	.121	.121	.121	.121	.121	.121	.121	.121	.0	.0
4. 2000.....	XXX	XXX	.52	.192	.192	.192	.192	.192	.192	.192	.192	.6	.0
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	.0	XXX	XXX
2. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
3. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	.000	.0	.0	23,585	5,960						
2. 2006.....	XXX	.0	.0	5,199	1,110							
3. 2007.....	XXX	XXX	0	4,465	818							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	.000	.0	.0	XXX	XXX						
2. 2006.....	XXX	.0	.0	XXX	XXX							
3. 2007.....	XXX	XXX	0	XXX	XXX							

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	.000	.0	.0	XXX	XXX						
2. 2006.....	XXX	.0	.0	XXX	XXX							
3. 2007.....	XXX	XXX	0	XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

**SCHEDULE P - PART 3N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007			
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX

**SCHEDULE P - PART 3O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....	.000	.3	.5	.36	.36	.36	.36	.36	.36	.36	.36	XXX	XXX
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX

**SCHEDULE P - PART 3P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007			
1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS MADE

1. Prior.....	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999.....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000.....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001.....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002.....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	XXX	.000	.0	.0	XXX	XXX						
2. 2006.....	XXX	.0	.0	XXX	XXX							
3. 2007.....	XXX	XXX	XXX	0	XXX							

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	93	51	14	0	0	0	0	0	0	0
2. 1998	172	66	19	0	0	0	0	0	0	0
3. 1999	XXX	239	47	0	0	0	0	0	0	0
4. 2000	XXX	XXX	474	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	1,715	887	441	0	0	0	0	0	0	0
2. 1998	1,841	876	495	0	0	0	0	0	0	0
3. 1999	XXX	2,300	977	0	0	0	0	0	0	0
4. 2000	XXX	XXX	3,298	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4D- WORKERS' COMPENSATION

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4E- COMMERCIAL MULTIPLE PERIL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 4F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	71	16	6	0	0	0	0	0	0	0
2. 1998.....	60	22	10	0	0	0	0	0	0	0
3. 1999.....	XXX	381	1	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	102	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
 EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	0	0	0						
2. 2006	XXX	0	0							
3. 2007	XXX	0								

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	0	0	0						
2. 2006	XXX	0	0							
3. 2007	XXX	0								

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	0	0	0						
2. 2006	XXX	0	0							
3. 2007	XXX	0								

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

**SCHEDULE P - PART 4N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	.0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior	.8	.3	.3	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 1998	0	0	0	0	0	0	0	0	0	0
3. 1999	XXX	0	0	0	0	0	0	0	0	0
4. 2000	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2002	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2003	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

SCHEDULE P - PART 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS MADE

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 1998	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2002	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2003	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	.0	.0	.0						
2. 2006	XXX	.0	.0							
3. 2007	XXX	.0								

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	79	8	5	0	0	0	0	0	0	0
2. 1998.....	840	922	927	927	927	927	927	927	927	927
3. 1999.....	XXX	692	794	794	794	794	794	794	794	794
4. 2000.....	XXX	XXX	1,092	1,092	1,092	1,092	1,092	1,092	1,092	1,092
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	23	14	6	0	0	0	0	0	0	0
2. 1998.....	55	9	4	0	0	0	0	0	0	0
3. 1999.....	XXX	42	7	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	118	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	54	1	(1)	(6)	0	0	0	0	0	0
2. 1998.....	1,161	1,219	1,223	1,219	1,219	1,219	1,219	1,219	1,219	1,219
3. 1999.....	XXX	961	1,055	1,048	1,048	1,048	1,048	1,048	1,048	1,048
4. 2000.....	XXX	XXX	1,484	1,366	1,366	1,366	1,366	1,366	1,366	1,366
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	808	170	64	183	89	21	7	(13)	20	(1)
2. 1998	1,354	1,961	2,063	2,330	2,423	2,448	2,473	2,472	2,491	2,492
3. 1999	XXX	1,391	2,077	2,916	3,161	3,272	3,328	3,329	3,349	3,354
4. 2000	XXX	XXX	1,808	6,545	7,409	7,713	7,830	7,863	7,925	7,943
5. 2001	XXX	XXX	XXX	9,631	13,825	14,535	14,772	14,903	14,983	15,020
6. 2002	XXX	XXX	XXX	XXX	7,369	10,042	10,506	10,724	10,835	10,892
7. 2003	XXX	XXX	XXX	XXX	XXX	5,547	7,771	8,224	8,418	8,491
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	4,898	6,817	7,180	7,330
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,133	5,593	5,934
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,161	4,416
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,813

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	295	139	74	176	87	74	58	69	47	48
2. 1998	656	148	66	177	86	63	34	35	19	18
3. 1999	XXX	615	169	423	217	105	56	54	27	21
4. 2000	XXX	XXX	866	1,279	568	309	190	140	70	42
5. 2001	XXX	XXX	XXX	4,506	1,057	508	327	186	94	40
6. 2002	XXX	XXX	XXX	XXX	2,967	787	449	238	117	57
7. 2003	XXX	XXX	XXX	XXX	XXX	2,631	762	330	136	53
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	2,149	562	244	88
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,800	495	158
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,392	248
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,069

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior	294	43	18	322	13	6	1	2	0	1
2. 1998	2,425	2,663	2,690	3,093	3,110	3,116	3,117	3,117	3,121	3,121
3. 1999	XXX	2,470	2,868	4,013	4,067	4,082	4,087	4,093	4,094	4,095
4. 2000	XXX	XXX	3,284	9,504	9,705	9,795	9,814	9,823	9,827	9,828
5. 2001	XXX	XXX	XXX	17,167	18,858	19,068	19,126	19,151	19,157	19,158
6. 2002	XXX	XXX	XXX	XXX	12,751	13,845	13,956	13,986	13,991	13,993
7. 2003	XXX	XXX	XXX	XXX	XXX	10,284	11,157	11,251	11,283	11,289
8. 2004	XXX	XXX	XXX	XXX	XXX	XXX	8,702	9,439	9,521	9,536
9. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,250	7,826	7,867
10. 2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,709	6,124
11. 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,753

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	2	0	0	0	0	0	0	0	0	0
2. 1998.....	1	1	1	1	1	1	1	1	1	1
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	2	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	3	(2)	0	0	0	0	0	0	0	0
2. 1998.....	1	1	1	1	1	1	1	1	1	1
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 5D - WORKERS' COMPENSATION

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5F - MEDICAL MALPRACTICE - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5F - MEDICAL MALPRACTICE - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	6	6	6	6	6	6	6	6
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	1	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	7	6	6	6	6	6	6	6
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	2	0	0	0	0	0	0	0	0	0	0
2. 1998.....	3	6	6	6	6	6	6	6	6	6	6
3. 1999.....	XXX	3	7	7	7	7	7	7	7	7	7
4. 2000.....	XXX	XXX	4	4	4	4	4	4	4	4	4
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	5	6	8	4	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	4	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	73	0	0	0	0	0	0	0	0	0	0
2. 1998.....	74	171	171	171	171	171	171	171	171	171	0
3. 1999.....	XXX	103	272	272	272	272	272	272	272	272	0
4. 2000.....	XXX	XXX	176	176	176	176	176	176	176	176	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	147	199	345	176	0	0	0	0	0	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	176	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

**SCHEDULE P - PART 6O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 1998	2 1999	3 2000	4 2001	5 2002	6 2003	7 2004	8 2005	9 2006	10 2007	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 1998.....	0	0	0	0	0	0	0	0	0	0	0
3. 1999.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2000.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2001.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2002.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2003.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2004.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2005.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2006.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2007.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SCHEDULE P INTERROGATORIES

1. What is the extended loss and expense reserve - direct and assumed - for the following classes? An example of an extended loss and expense reserve is the actuarial reserve for the free-tail coverage arising upon death, disability or retirement in most medical malpractice policies. Such a liability is to be reported here even if it was not reported elsewhere in Schedule P, but otherwise reported as a liability item on Page 3. Show the full reserve amount, not just the change during the current year.

Years in which premiums were earned and losses were incurred		1 Medical Malpractice	2 Other Liability	3 Products Liability
1.01	Prior	0	0	0
1.02	1998	0	0	0
1.03	1999	0	0	0
1.04	2000	0	0	0
1.05	2001	0	0	0
1.06	2002	0	0	0
1.07	2003	0	0	0
1.08	2004	0	0	0
1.09	2005	0	0	0
1.10	2006	0	0	0
1.11	2007	0	0	0
1.12	Totals	0	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes No

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7 below. Are they so reported in this Statement? Yes No

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10 Yes No

If Yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars)

5.1 Fidelity	0
5.2 Surety	0

6. Claim count information is reported per claim or per claimant (Indicate which)per claim
 If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes No

7.2 (An extended statement may be attached.)
 Refer to Footnote #25 Intercompany Pooling Arrangements.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	13-4075851	MetLife, Inc	1,148,002,127	(316,164,021)	0	0	1,608,424,250	0	-	0	2,440,262,356	0
	13-3759652	MetLife International Holdings, Inc	0	0	(31,660,000)	0	55,233,365	0	-	0	23,573,365	0
		MetLife Mexico Cares, S.A. de C.V.	0	0	0	0	0	(793,782)	-	0	(793,782)	521,127
	13-3953333	Natiloportem Holdings, Inc	0	0	0	0	1,251,701	0	-	0	1,251,701	0
		MetLife India Insurance Company Private Limited	0	0	0	0	0	(85,020)	-	0	(85,020)	0
		Metropolitan Life Insurance Company of Hong Kong Limited	0	0	0	0	(475,026)	207,427	-	0	(267,599)	1,558,242
		Metropolitan Life Seguros de Retiro S.A.	0	0	0	0	18,688	0	-	0	18,688	0
		MetLife Insurance Company of Korea Limited	0	0	0	0	0	(337,749)	-	0	(337,749)	1,037,465
		MetLife Insurance Limited	0	0	0	0	787,882	0	-	0	787,882	0
		MetLife Services Limited	0	0	0	0	80,339	0	-	0	80,339	0
		Siembra Seguros de Retiro, S.A	0	0	0	0	101,274	0	-	0	101,274	0
		MetLife Towarzystwo Ubezpieczen na Zycie Spolka Akcyjna	0	0	0	0	286,191	0	-	0	286,191	0
		MetLife Fubon Limited	0	0	0	0	0	0	-	0	0	1,298,509
		MetLife Insurance S.A./NV	0	0	0	0	578,752	0	-	0	578,752	0
		MetLife Seguros de Vida, S.A	0	0	0	0	595,335	295,504	-	0	890,839	658,186
		Metropolitan Life Seguros e Previdencia Privada, S.A	0	0	0	0	(2,591,290)	0	-	0	(2,591,290)	0
		MetLife Insurance Limited	0	0	0	0	(758,718)	0	-	0	(758,718)	0
		MetLife Mexico S.A.	0	0	0	0	(1,230,634)	0	-	0	(1,230,634)	0
		Metropolitan Life Seguros de Vida, S.A	0	0	0	0	0	26,112	-	0	26,112	67,723
	13-3175978	MetLife Securities, Inc	0	0	60,000,000	0	(47,809,211)	0	-	0	12,190,789	0
	13-3179826	Enterprise General Insurance Agency, Inc	0	0	0	0	(41,922,278)	0	-	0	(41,922,278)	0
		MetLife Chile Inversiones Limitada	0	0	0	0	46,109	0	-	0	46,109	0
	04-3256208	Exeter Reassurance Company, Ltd	0	0	0	0	(519,121)	123,668,027	-	0	123,148,906	(611,860,626)
	98-0407835	MetLife Taiwan Insurance Company Limited	0	15,000,000	0	0	612,505	(125,878)	-	0	15,486,627	471,914
	43-1724052	Cova Corporation	6,500,000	0	0	0	(8,791)	0	-	0	6,491,209	0
69396	74-0940890	Texas Life Insurance Company	(6,500,000)	0	0	0	(129,520,774)	324,157	-	670,673	(135,025,944)	11,600,351
	36-3665871	Cova Life Management Company	0	0	0	0	104,344	0	-	0	104,344	0
93513	43-1236042	MetLife Investors Insurance Company	0	0	0	0	(68,365,630)	239,551,513	-	0	171,185,883	820,258,399
60992	13-3690700	First MetLife Investors Insurance Company	0	50,000,000	0	0	(27,896,858)	105,704,057	-	0	127,807,199	521,029,388
		MetLife Services and Solutions, LLC	0	0	0	0	3,171,390	0	-	0	3,171,390	0
	22-3627804	MetLife Bank National Association	0	0	0	0	(31,713,764)	0	-	0	(31,713,764)	0
	43-1333368	Walnut Street Securities, Inc	0	0	0	0	(127,478)	0	-	0	(127,478)	0
	22-3805708	NewBury Insurance Company, Limited	0	0	0	0	(1,927,854)	0	-	0	(1,927,854)	0
26298	13-2725441	Metropolitan Property and Casualty Insurance Company	(414,552,151)	0	0	0	(440,023,981)	711,451,262	-	0	(143,124,870)	(1,838,387,252)
39950	22-2342710	Metropolitan General Insurance Company	0	0	0	0	(125,350)	(22,152,022)	-	0	(22,277,372)	43,626,361
40169	05-0393243	Metropolitan Casualty Insurance Company	0	0	0	0	(570,558)	(189,542,474)	-	0	(190,113,032)	566,317,784
25321	23-1903575	Metropolitan Direct Property and Casualty Insurance Company	0	0	0	0	(225,792)	(83,857,995)	-	0	(84,083,787)	187,406,899

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	75-2640779	Met P&C Managing General Agency, Inc	0	0	0	0	406	0	-	0	406	0
22926	36-1022580	Economy Fire & Casualty Company	0	0	0	0	(1,362,502)	(25,808,665)	-	0	(27,171,167)	24,703,650
38067	36-3027848	Economy Preferred Insurance Company	0	0	0	0	(56,667)	(5,383,050)	-	0	(5,439,717)	5,162,007
40649	36-3105737	Economy Premier Assurance Company	0	0	0	0	(249,928)	(165,567,884)	-	0	(165,817,812)	493,621,448
	95-3003951	MetLife Auto & Home Insurance Agency, Inc	0	0	0	0	(10,889)	0	-	0	(10,889)	0
34339	13-2915260	Metropolitan Group Property and Casualty Insurance Company	0	0	0	0	(2,610,994)	(198,536,399)	-	0	(201,147,393)	465,284,955
13938	75-2483187	Metropolitan Lloyds Insurance Company of Texas	0	0	0	0	(81,832)	(20,602,773)	-	0	(20,684,605)	52,264,148
	99-3947587	MetLife Investors Group, Inc	37,989,552	(53,597,148)	0	0	48,032,413	0	-	0	32,424,817	0
	43-1906210	MetLife Investors Distribution Company	0	0	0	0	489,262,495	0	-	0	489,262,495	0
	95-2844896	Met Investors Advisory, LLC	0	0	0	0	(164,372)	0	-	0	(164,372)	0
87726	06-0566090	MetLife Insurance Company of Connecticut - Life Department	(285,999,958)	(276,903,345)	(143,630,118)	0	(173,837,395)	(42,713,494)	-	0	(923,084,310)	2,622,394,015
		Plaza LLC	0	20,000,000	0	0	0	0	-	0	20,000,000	0
	06-0843577	Tower Square Securities, Inc	0	0	20,000,000	0	(6,460,386)	0	-	0	13,539,614	0
		Metropolitan Connecticut Properties Ventures, LLC	0	103,519,370	62,230,690	0	0	0	-	0	165,750,060	0
		Euro TI Investments, LLC	0	(7,602,060)	0	0	0	0	-	0	(7,602,060)	0
		MetLife European Holdings, Inc.	0	561,396,356	0	0	0	0	-	0	561,396,356	0
		MetLife Europe Limited, Inc	0	0	0	0	(1,716,266)	0	-	0	(1,716,266)	0
		MetLife Assurance Limited	0	0	0	0	(783,409)	0	-	0	(783,409)	0
		TLA Holdings LLC	0	(46,000,000)	0	0	0	0	-	0	(46,000,000)	0
61050	54-0696644	MetLife Investors USA Insurance Company	0	250,000,000	0	0	(638,089,325)	(191,959,528)	-	0	(580,048,853)	2,312,287,576
		Euro TL Investments LLC	0	(910,379)	0	0	0	0	-	0	(910,379)	0
		MetLife Canadian Property Ventures LLC	0	0	13,994	0	0	0	-	0	13,994	0
		MetLife Property Ventures Canada ULC	0	0	1,385,434	0	0	0	-	0	1,385,434	0
12232	20-1452630	MetLife Reinsurance Company of South Carolina	0	0	0	0	(265,266)	50,667,359	-	0	50,402,093	(2,577,949,811)
		MetLife Capital Trust IV	0	(693,553,000)	0	0	0	0	-	0	(693,553,000)	0
65978	13-5581829	Metropolitan Life Insurance Company	(400,285,550)	93,227,726	(854,228,563)	0	(1,733,347,912)	(16,665,677,546)	-	383,786,459	(19,176,525,386)	14,341,117,195
		MetLife Canada/MetVie Canada	0	0	0	0	2,051,725	(687,959)	-	0	1,363,766	2,298,170
		MetLife Investment Funds Management LLC	0	0	0	0	(248,015)	0	-	0	(248,015)	0
		HPZ Assets LLC	0	1,857,814	0	0	0	0	-	0	1,857,814	0
		Alternative Fuel I, LLC	0	795,196	0	0	0	0	-	0	795,196	0
		Thorngate, LLC	0	470,021	0	0	0	0	-	0	470,021	0
		MetLife Private Equity Holdings, LLC	0	(102,792,765)	0	0	0	0	-	0	(102,792,765)	0
	43-0999428	Krisman, Inc	(27,300,000)	0	22,341,705	1,290,234	(178,587)	0	-	0	(3,846,648)	0
		Euro CL Investments LLC	0	175,381	0	0	0	0	-	0	175,381	0
		MetLife Investments Asia Limited	0	0	0	0	117,534	0	-	0	117,534	0
		MetLife Investments Limited	0	0	0	0	13,718,993	0	-	0	13,718,993	0
		MetLife Latin America Asesorias e Inversiones Limitada	0	0	0	0	2,636,506	0	-	0	2,636,506	0
	20-1731629	Special Multi-Asset Receivables Trust	0	0	(111,766,561)	0	0	0	-	27,664	(111,738,897)	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		MSV Irvine Property, LLC	0	19,327,800	23,798,381	0	0	0	-	0	43,126,181	0
		MEX DF Properties, LLC	0	0	79,043	0	0	0	-	0	79,043	0
	13-3619870	23rd Street Investments, Inc	0	2,749,270	0	0	(6,691)	0	-	0	2,742,579	0
		MetLife Capital Credit L.P.	0	218,959,844	0	0	0	0	-	0	218,959,844	0
		MetLife Capital Limited Partnership	0	282,604,184	0	0	0	0	-	0	282,604,184	0
	43-1822723	Missouri Reinsurance -Barbados Inc,	0	0	0	0	(14,144,464)	28,182,757	-	0	14,038,293	(415,873,794)
	13-3237278	MetLife Holdings, Inc	0	0	0	0	45	0	-	0	45	0
	13-3237275	MetLife Credit Corp	14,552,151	(200,000,000)	675,556,321	0	7,762,243	0	-	(22,391,250)	475,479,465	0
	13-3237277	MetLife Funding, Inc	0	0	0	0	(1,125,354)	0	-	0	(1,125,354)	0
	13-3047691	Metropolitan Realty Management, Inc	0	0	0	0	(65,982)	0	-	0	(65,982)	0
	13-3170235	Metropolitan Tower Realty Company, Inc	0	(6,094,986)	(951,435)	0	(24,955,483)	0	-	0	(32,001,904)	0
		Midtown Heights, LLC	0	3,769,533	0	0	0	0	-	0	3,769,533	0
	43-6026902	White Oak Royalty Company	0	0	0	0	(1,225,476)	0	-	0	(1,225,476)	0
		MetLife Properties Ventures, LLC	0	37,001,142	136,831,384	0	0	0	-	0	173,832,526	0
		Citypoint Holdings II Limited	0	0	2,579,890	0	0	0	-	0	2,579,890	0
91626	04-2708937	New England Life Insurance Company	0	0	0	0	1,127,791	(18,129,141)	-	0	(17,001,350)	81,695,473
	04-2436412	New England Securities Corporation	0	0	0	0	(1,352,809)	0	-	0	(1,352,809)	0
	04-3240897	MetLife Advisers, LLC	0	0	0	0	(3,645,049)	0	-	0	(3,645,049)	0
	22-2375428	Transmountain Land & Livestock Company	0	0	0	0	(7,637)	0	-	0	(7,637)	0
	13-3751851	MetPark Funding, Inc	0	0	0	0	(3,250)	0	-	0	(3,250)	0
	34-1650967	Hyatt Legal Plans, Inc	(21,000,000)	1,768,725	0	0	(13,426,074)	0	-	0	(32,657,349)	0
	04-3171930	CRB Co., Inc	0	0	0	0	6,027,834	0	-	0	6,027,834	0
	13-4047186	MetLife Tower Resources Group, Inc	0	0	0	0	(281,474)	0	-	0	(281,474)	0
	41-1779470	GenAmerica Financial, LLC	4,306,351	0	(142,025,583)	(24,934,538)	0	0	-	0	(162,653,770)	0
63665	43-0285930	General American Life Insurance Company	11,615,951	0	50,000,747	0	133,572,401	(127,686,591)	-	(117,420)	67,385,088	2,415,719,363
	43-1627032	Reinsurance Group of America, Incorporated	(11,607,672)	(160,250,000)	0	0	(3,945,540)	0	-	0	(175,803,212)	0
89004	43-1831519	Reinsurance Company of Missouri, Incorporated	0	8,750,000	0	0	0	(46,406)	-	0	8,703,594	(55,113,211)
93572	43-1235868	RGA Reinsurance Company	0	8,000,000	0	0	17,884,534	82,143,262	-	117,420	108,145,216	2,057,445,874
	43-1065365	Reinsurance Partners Inc	0	0	0	0	0	2,876,186	-	0	2,876,186	0
		Parkway Reinsurance Company	0	40,000,000	0	0	(260,000)	(138,699,915)	-	0	(98,959,915)	(168,699,915)
		Timberlake Financial, L.L.C	0	0	0	0	(198,868)	0	-	0	(198,868)	0
12596	42-1697911	Timberlake Reinsurance Company II	0	0	0	0	(416,544)	(72,819,447)	-	0	(73,235,991)	(929,297,887)
		RGA Global Reinsurance Company, Ltd	0	0	0	0	949,125	0	-	0	949,125	0
		RGA Americas Reinsurance Company, Ltd	0	0	0	0	(35,652,702)	1,008,069,395	-	0	972,416,693	114,254,307
		RGA Reinsurance Company -Barbados Ltd	0	0	0	0	(8,061,431)	301,958,691	-	0	293,897,260	(737,966,716)
		RGA Financial Group,L.L.C -DE	0	0	0	0	3,835,034	0	-	0	3,835,034	0
		RGA Life Reinsurance Company of Canada	0	0	0	0	1,858,761	(34,208,104)	-	0	(32,349,343)	130,522,728
		RGA Technology Partners, Inc	0	3,500,000	0	0	(5,327,382)	0	-	0	(1,827,382)	0
		RGA International Reinsurance Company Limited	0	0	0	0	(3,085,613)	(311,205)	-	0	(3,396,818)	39,868,045
		RGA Atlantic Reinsurance Company Limited	0	100,000,000	0	0	0	(1,141,886,619)	-	0	(1,041,886,619)	(1,177,591,983)
		RGA International Corporation	0	0	0	0	15,031,519	0	-	0	15,031,519	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		RGA Holdings Limited	0	0	0	0	(200,178)	0	-	0	(200,178)	0
		RGA UK Services Limited	0	0	0	0	11,795,908	0	-	0	11,795,908	0
		RGA Reinsurance -UK Limited	0	0	0	0	(5,645,109)	(22,778,244)	-	0	(28,423,353)	19,360,184
		RGA Services India Private Limited	0	0	0	0	2,709,021	0	-	0	2,709,021	0
		RGA Reinsurance Company of South Africa Limited	0	0	0	0	1,235,189	(6,385,045)	-	0	(5,149,856)	32,004,058
		RGA Australian Holdings PTY Limited	0	0	0	0	12,516,166	0	-	0	12,516,166	0
		RGA Reinsurance Company of Australia Limited	0	0	0	0	(11,791,099)	2,844,672	-	0	(8,946,427)	151,326,871
		RGA Asia Pacific Pty, Limited	0	0	0	0	7,321,444	0	-	0	7,321,444	0
		General American Argentina Seguros de Vida, S.A.	0	0	0	0	0	(270,632)	-	0	(270,632)	0
		GenAmerica Capital I	(4,306,351)	0	119,683,878	23,644,304	0	0	-	0	139,021,831	0
	13-4078322	334 Madison Euro Investments, Inc	(6,410,758)	0	0	0	(28,326)	0	-	0	(6,439,084)	0
		St. James Fleet Investments Two Limited	(45,003,692)	0	109,760,793	0	0	0	-	(362,093,546)	(297,336,445)	0
		One Madison Investments -Cayco Limited	0	0	0	0	(6,472,827)	0	-	0	(6,472,827)	0
	98-0445386	Ten Park SPC	0	(2,283,893)	0	0	(2,400,000)	0	-	0	(4,683,893)	0
		MetLife Real Estate Cayman Company	0	43,279,235	0	0	0	0	-	0	43,279,235	0
	55-0790010	MetLife Group, Inc	0	0	0	0	2,100,817,738	0	-	0	2,100,817,738	0
97136	13-3114906	Metropolitan Tower Life Insurance Company	0	(10,000,000)	0	0	(1,049,107,790)	26,436,457	-	0	(1,032,671,333)	676,646,492
	20-5819518	MetLife Reinsurance Company of Charleston	0	0	0	0	1,448,961	16,007,917,962	-	0	16,009,366,923	(17,392,024,766)
	26-1511401	MetLife Reinsurance Company of Vermont	0	10,000,000	0	0	0	484,728,767	-	0	484,728,767	(2,289,062,946)
		MetLife Investment Advisors Company, LLC	0	0	0	0	(4,895,906)	0	-	0	(4,895,906)	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE METROPOLITAN GENERAL INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|--|-----------|
| 1. Will an actuarial opinion be filed by March 1? | YES |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?..... | YES |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?..... | YES |

APRIL FILING

- | | |
|--|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 6. Will Management's Discussion and Analysis be filed by April 1? | YES |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? | YES |

MAY FILING

- | | |
|--|-----|
| 8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? | YES |
|--|-----|

JUNE FILING

- | | |
|---|-----|
| 9. Will an audited financial report be filed by June 1? | YES |
|---|-----|

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|-----|
| 10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 11. Will the Financial Guaranty Insurance Exhibit be filed by March 1?..... | NO |
| 12. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 13. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1? | NO |
| 14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 16. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | NO |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 18. Will an Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..... | YES |
| 19. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 20. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |

APRIL FILING

- | | |
|---|----|
| 21. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 22. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 23. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | NO |

Explanations:

- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 20.
- 21.
- 22.
- 23.

Bar Codes:



OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	20
Five-Year Historical Data	18
General Interrogatories	16
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	109
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	21
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Verification Between Years	21
Schedule BA - Part 1	E06
Schedule BA - Part 2	E07
Schedule BA - Verification Between Years	21
Schedule D - Part 1	E08
Schedule D - Part 1A - Section 1	23
Schedule D - Part 1A - Section 2	26
Schedule D - Part 2 - Section 1	E09
Schedule D - Part 2 - Section 2	E10
Schedule D - Part 3	E11
Schedule D - Part 4	E12
Schedule D - Part 5	E13
Schedule D - Part 6 - Section 1	E14
Schedule D - Part 6 - Section 2	E14
Schedule D - Summary By Country	22
Schedule D - Verification Between Years	22
Schedule DA - Part 1	E15
Schedule DA - Part 2 - Verification Between Years	29
Schedule DB - Part A - Section 1	E16
Schedule DB - Part A - Section 2	E16
Schedule DB - Part A - Section 3	E17
Schedule DB - Part A - Verification Between Years	30
Schedule DB - Part B - Section 1	E17
Schedule DB - Part B - Section 2	E18
Schedule DB - Part B - Section 3	E18
Schedule DB - Part B - Verification Between Years	30
Schedule DB - Part C - Section 1	E19
Schedule DB - Part C - Section 2	E19
Schedule DB - Part C - Section 3	E20
Schedule DB - Part C - Verification Between Years	31
Schedule DB - Part D - Section 1	E20
Schedule DB - Part D - Section 2	E21
Schedule DB - Part D - Section 3	E21
Schedule DB - Part D - Verification Between Years	31
Schedule DB - Part E - Section 1	E22
Schedule DB - Part E - Verification	31
Schedule DB - Part F - Section 1	32
Schedule DB - Part F - Section 2	33
Schedule E - Part 1 - Cash	E23
Schedule E - Part 2 - Cash Equivalents	E24
Schedule E - Part 3 - Special Deposits	E25
Schedule F - Part 1	34
Schedule F - Part 2	35
Schedule F - Part 3	36
Schedule F - Part 4	37
Schedule F - Part 5	38
Schedule F - Part 6	39
Schedule F - Part 7	40
Schedule F - Part 8	41

ANNUAL STATEMENT BLANK (Continued)

Schedule H - Accident and Health Exhibit - Part 1	42
Schedule H - Part 5 - Health Claims	44
Schedule H - Parts - 2, 3, and 4	43
Schedule P - Part 1 - Analysis of Losses and Loss Expenses	45
Schedule P - Part 1A - Homeowners/Farmowners	47
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	48
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	49
Schedule P - Part 1D - Workers' Compensation	50
Schedule P - Part 1E - Commercial Multiple Peril	51
Schedule P - Part 1F - Section 1 - Medical Malpractice - Occurrence	52
Schedule P - Part 1F - Section 2 - Medical Malpractice - Claims-Made	53
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	54
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence	55
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	56
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	57
Schedule P - Part 1J - Auto Physical Damage	58
Schedule P - Part 1K - Fidelity/Surety	59
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	60
Schedule P - Part 1M - International	61
Schedule P - Part 1N - Reinsurance	62
Schedule P - Part 1O - Reinsurance	63
Schedule P - Part 1P - Reinsurance	64
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	65
Schedule P - Part 1R - Section 2 - Products Liability - Claims - Made	66
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	67
Schedule P - Part 2A - Homeowners/Farmowners	68
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	68
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	68
Schedule P - Part 2D - Workers' Compensation	68
Schedule P - Part 2E - Commercial Multiple Peril	68
Schedule P - Part 2F - Section 1 - Medical Malpractice - Occurrence	69
Schedule P - Part 2F - Section 2 - Medical Malpractice - Claims - Made	69
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	69
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	69
Schedule P - Part 2H - Section 2 - Other Liability - Claims - Made	69
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	70
Schedule P - Part 2J - Auto Physical Damage	70
Schedule P - Part 2K - Fidelity, Surety	70
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	70
Schedule P - Part 2M - International	70
Schedule P - Part 2N - Reinsurance	71
Schedule P - Part 2O - Reinsurance	71
Schedule P - Part 2P - Reinsurance	71
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	72
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	72
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	72
Schedule P - Part 3A - Homeowners/Farmowners	73
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	73
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	73
Schedule P - Part 3D - Workers' Compensation	73
Schedule P - Part 3E - Commercial Multiple Peril	73
Schedule P - Part 3F - Section 1 -Medical Malpractice - Occurrence	74
Schedule P - Part 3F - Section 2 - Medical Malpractice - Claims-Made	74
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	74
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	74
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	74
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	75
Schedule P - Part 3J - Auto Physical Damage	75
Schedule P - Part 3K - Fidelity/Surety	75
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	75
Schedule P - Part 3M - International	75
Schedule P - Part 3N - Reinsurance	76
Schedule P - Part 3O - Reinsurance	76
Schedule P - Part 3P - Reinsurance	76
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	77
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	77
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	77

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	78
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	78
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	78
Schedule P - Part 4D - Workers' Compensation	78
Schedule P - Part 4E - Commercial Multiple Peril	78
Schedule P - Part 4F - Section 1 - Medical Malpractice - Occurrence	79
Schedule P - Part 4F - Section 2 - Medical Malpractice - Claims-Made	79
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	79
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	79
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	79
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	80
Schedule P - Part 4J - Auto Physical Damage	80
Schedule P - Part 4K - Fidelity/Surety	80
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	80
Schedule P - Part 4M - International	80
Schedule P - Part 4N - Reinsurance	81
Schedule P - Part 4O - Reinsurance	81
Schedule P - Part 4P - Reinsurance	81
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	82
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	82
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	82
Schedule P - Part 5A - Homeowners/Farmowners	83
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	84
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	85
Schedule P - Part 5D - Workers' Compensation	86
Schedule P - Part 5E - Commercial Multiple Peril	87
Schedule P - Part 5F - Medical Malpractice - Claims-Made	89
Schedule P - Part 5F - Medical Malpractice - Occurrence	88
Schedule P - Part 5H - Other Liability - Claims-Made	91
Schedule P - Part 5H - Other Liability - Occurrence	90
Schedule P - Part 5R - Products Liability - Claims-Made	93
Schedule P - Part 5R - Products Liability - Occurrence	92
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	94
Schedule P - Part 6D - Workers' Compensation	94
Schedule P - Part 6E - Commercial Multiple Peril	95
Schedule P - Part 6H - Other Liability - Claims-Made	96
Schedule P - Part 6H - Other Liability - Occurrence	95
Schedule P - Part 6M - International	96
Schedule P - Part 6N - Reinsurance	97
Schedule P - Part 6O - Reinsurance	97
Schedule P - Part 6R - Products Liability - Claims-Made	98
Schedule P - Part 6R - Products Liability - Occurrence	98
Schedule P - Part 7A - Primary Loss Sensitive Contracts	99
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	101
Schedule P - Parts 2, 3 and 4 - Summary	46
Schedule P Interrogatories	103
Schedule T - Exhibit of Premiums Written	104
Schedule T - Part 2 - Interstate Compact	105
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	106
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	107
Statement of Income	4
Summary Investment Schedule	15
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11