PLAINTIFF'S EXHIBIT

MET-322

...L INSURANCE COMPANY

Form Act.470
Aug. 1926

VETERANS' DIVISION

GROUP LIFE CLAIMS

GROUP NUMBER: 43 G2

NAME OF GROUP: Johnson's Co.

CLAIM NO.	SERIAL NO.	DATE INCURRED	SEX	COLOR	AGE	CAUSE OF DEATH OR DISABILITY	CODE NO.	AMOUNT
49		8/29			18	Pul. T.B. - Disability	351	1000
279		3/30			34	Ulcers of stomach - DIS.	411	1000
33		6/30			59	Complete Paralysis - "	376	1000
561		12/30			49	Congestion of lungs	107	1000
748		4/32			58	Cerebral Uremia	71	1000
791		8/32			55	Indigestion- gastritis	112	2000
912		7/33			20	T.B. of lungs	51	1000
951		1/34			59	Syncope, de coeur emphyseme pulmonaire et de nephrite	107	2000
990		1/34			62	Cancer of rt. lung	41	3000
1003		3/34			65	T.B.	52	1000
1069		7/34			57	Angina Pectrois	93	5000
1100		12/34			48	Angina de Poitrine	93	2000
					12	Claims Reported from 11/30/30 to 4/30/35		$21,000
								5/16/35
		3/29			52	Broken Spine	110	1000
		8/29			66	Tumor of liver	41	1000
		11/29			21	Tuberculosis	51	1000
		12/29			19	Pneumonia	104	500
		12/29			21	Accident	130	1000
		12/29			26	Poisoning	192	1000
		3/30			23	Hit by car	130	1000
		4/30			51	Pneumonia	104	1000
		5/30			25	Cause not Specified	200	1000
		9/30			74	Cancer	41	1000
		10/30			46	T.B. Pul	51	1000
						PENDING - DISABILITY		1000