PLAINTIFF'S EXHIBIT

MET-107

Large Group

GROUP ACCOUNTS DIVISION

MEMORANDUM

TO: ( ) Group Office at NEW YORK CITY (MR. SENINGEN) ST. LOUIS, INDIANAPOLIS
(X) Actuarial Division-Group Underwriting Bureau
( ) Commercial Group Disability Claims Section
( ) Group Review
( ) Group Accounts Division-Section.....Record Captain
( ) Mr. Butler Secretary's Office-Addition to code #514.02.330.6

FROM T. E. MC CORMICK .....Group Accounts Division Section 1-C .....Date 6-16-5

RE: State Plans - T.D.B. Revision Effective 1-1-53 - History Cards

NAME OF POLICYHOLDER: RAYBESTOS-MANHATTAN, INC. # 8577

The following items in reference to T.D.B. should be deleted from the present basic history card: SUPPLEMENTARY HISTORY CARD FOR T.D.B. BENEFITS ATTACHED

( ) Certificate form number
(X) Amounts and duration of benefits
(X) Age 60 limitation
(X) Maternity benefits
( ) Supplementary Accident and Health Benefits and Duration of Benefits
( ) If Supp. A & H Benefits are discontinued and a packaged certificate is presently used reprint certificate for new employees.

The following changes should be made on the present basic history card:

(X) T.D.B. Group Number ( ) Add..... ( ) Changed from 8577-G to 15906-G

(X) T.D.B. Policy form number ( ) Add..... ( ) Changed from SUPP. FORM GH 6580 to GH 1949 N.J.

( ) Supplementary Accident and Health schedule changed to:

Class	Supp. A & H Benefits
384 H JR 4-19-75 NJG	

DIV. CARD NOTED JUN 23 53
HIST. CARD [illegible] YES NO
COMB. AMOUNT [illegible]
RECORDS COMPLETED
COMB. AMEND. REC'D [illegible]

( ) Employees' Contributions changed to:

Class	Contributions
NO CHANGE	

Renewal Date: 7-1-53
Master No.: 8577-6 [illegible]
Name of Group: Raybestos Manhattan Co.

Revision [illegible] nce last 7-23-[illegible]
Renewal
Industry: 6

Disability

Plan	Cov.	Prem. Payable Inforce as of ____ Actual	At Manual	Actual Rate	Rate Basis	% Females	Manual Rate	Current Claim Rate	Renewal Rate
8-8-26 / 8-8-13	8577-6 [illegible]			.747 .62 [illegible]	Man. - 10%	22.4	.83 .75 .78	74	24
8-8-26 / 8-8-13	TD 12			2.25/EE			2.49/EE	76	
	[illegible]			1.70/EE 1.38/EE			1.70/EE 1.38/EE	68	
MAT 8-8-13	[illegible]			.71		19.1	.69	77	
P#4 #10 10R×31 MAT	8577-6 [illegible]			.132	Man. - 15%		.161	77	
P#5 #6 10R×70 [illegible]	8577-6 [illegible]			.166	Manual	19.1	.170 .184 .032	16	
140%/175 MAT	8577-6 [illegible]			.493	Man. - 15%	11-21 amb.	.58	77	77
150% MAT	8577-6 [illegible]			.42	Manual	17.1	.42	5	
P#4 #10 10R×31 MAT	8577-6 [illegible]			.208	Man. - 15%		.377 .353 .06	73	73
P#5 #6 10R×70 [illegible]	6[illegible]			.307	Manual		.331 .301 .00	87	
175 MAT	8577-6 [illegible]			.304	Man. - 15%		1.74	80	80
150% MAT	6[illegible]			1.479	Man.		1.73	87	
				1.47			1.05		
				1.05					

Total Manual P.P. ____

Volume Reduction ___%-Hosp.Surg.& Flat Ma[illegible]
___% Other Disabilities

Disability coverages which qualify for more than Volume Reduction ____
(Worksheet attached)

Bikage favorable
continue present rates
RH 6/8/53

(no action has been taken on outstanding quotes for Canadian Raybestos & Raybestos Div.)

J. Quick
has dividend card
RH 6/8/53

[illegible] 6/19/53

Life

Year's Div. Less than 10% at U ____

Year Ending	U Claim Rate
19__	___%
1950	63 %
1951	69 %
1952	56 %
1953	73 %

(1) Average U Claim Rate 65 %

(2) T/U = ___%

(3) Actual/Expected (AM(5)) for Ind. = ___%

(4) Net/Gross T ($) = ___%

(5) (2)X(3)X(4) = Cl.Rate for Ind. at U = ___%

EC 75 %
EE 14 %
ER 1 %
(6) Total 90 %

continue
U
RH 6/8/53

[illegible] 6/18/53

(7) Max. Ben. ____
(8) Avg. Ben. ____
(9) Retirement ____

Present Rate Basis
___% N.R.
___% R.

(10) Ins. Inforce as of ____
$ ____

(11) Inforce Premium at U
$ ____

(12) Approx. Reserve Required
$ ____

Calculated [illegible] 6/2/53
Checked [illegible] 6/2/53

Approved ____

6683-6 680-[illegible] Can Premium from [illegible] floors

	[illegible]	[illegible]	[illegible]	[illegible]
7	198	153	65	182
8	196	151	64	181
9	197	152	64	184
10	199	154	65	184
11	198	153	65	184
12	197	152	64	184
1	197	152	64	188
2	198	153	65	188
3	199	154	65	188
4	193	150	63	186
	1972	1524	644	1849

Ref Surg.

[illegible]	105
[illegible]	104
[illegible]	106
[illegible]	106
[illegible]	106
[illegible]	106
[illegible]	108
[illegible]	108
[illegible]	108
[illegible]	107
	1064

Claims

	8577		6683		12512
8	376418	8	102267; 14141; 5[illegible]	8	75544
6	236931	6	5601	6	69267
5	191740	5	2251	5	33555
4	877143	4	5167	4	12[illegible]
3	167353	3	2904	3	5[illegible]
2	146[illegible]	2	925	2	5[illegible]
90	17198	90	758	90	3278
69	6217				
68	233178				
57	34				
58	357				

Premium Total (H.O)

	H	B	S	BF	SF	L
8577	217	40225	21035	70119	33678	67220
	20292	15742	8179	24121	11545	25758
	1050	658	327	972	495	1007
	9218	9963	5219	13914	6701	11016
12512	23688	17998	9363	29972	14441	
	54465	84596	44123	139098	66861	105003

8577-6

S.C.

	Life	A + H	Hosp	Surg
7	838500	15440	7855	192475
8	830500	15500	7865	192720
9	816500	15200	7735	189535
10	809500	15020	7640	187180
11	800500	14840	7530	184485
12	793500	14640	7440	182525
1	788500	14580	7390	181300
2	1510500	14620	7420	182035
3	1512500	14520	7350	182320
4	1499500	14320	7250	177870
	10,200,000	148,680	75475	1,752,445
	11016	9218	9963	

$\times \frac{1.08}{\$1000} =$ $\times \frac{.62}{\$10} =$ $\times .132 =$ $\times \frac{.493}{\$175} = 5217$

	Rep Hosp	Rep Surg
7	4574	79975
8	4604	80500
9	4564	79800
10	4516	78925
11	4540	79450
12	4530	79275
1	4520	79100
2	4520	79100
3	4480	78400
4	4480	78400
	45322	792925

$\times .307 =$ $\times \frac{1.479}{\$175} =$

13914

6701

Check to see if all group numbers are included

	Line		A+H Index		Manhattan P. Hwy			P. Hwy		Hdy Hwy
	mw				mw			mw		mw
7	6362000		336 —		312340			764,905 —		23,047
8	6248000		336 —		306210			749905 —		22,760
9	6232000		336 —		305430			748040 —		22,763
10	6132000		336 —		300230			735545 —		22,243
11	6225000		336 —		304930			747060 —		22,706
12	6221000		364 —		304830			746815 —		22,718
1	6224000		364 —		304730			746570 —		22839
2	6205000	67220	364 —		303730			744126 —		22773
3	6286000		364 —	217	303430		4235	743386 —	4035	22,795
4	6183000		364 —		302280			740445 —		22,695

6 = 41,000 / X 1.08 = 3580 / X .62 = 30451 / X .132 = 74665 ÷ 493 = 227.59 X .306

Hdy Hwy Jan — Index — J B mw

	Jan		Line		Line		
7	403500. —		24		2916		
8	398450. —		24		2889		
9	398475. —		23		2835		
10	394625. —		23		2824		
11	397450. —		23		2872		
12	398875. —		23		2875		
1	399754 —		23		2865		
2	398550. —		23		2816		
3	398050. —	33,178	23	441	2845	64310	
4	397175. —		23		2847		

70119

3984900 X 1.479 = 4175 — 432 X 1.90 = 28,582 X 2.25 =

Pay

* Check on A+H inprec

	Line	A+H	Hwy	Hwy	Hdy Hwy	Hdy Hwy
7	240350	33201	11993	293950	7963	139,423.25
8	2381750	32186	11878	291115	7953	139,156.75
9	2363750	32501	11760	288560	7888	137,987.50
10	2388750	32760	11866	291150	7948	137,267.50
11	2373750	32536	11762	288595	7958	135,665.00
12	2391750	32620	11793	289320	7974	136,225.00
1	2394750	32676	11806	289635	7984	136,675.00
2						
3	2385750	32676	11812	289775	7984	136,850.00
4	2401750	32760	11882	291491	7914	136,445.00
	23,755,250 X	327,392 X	118,338 X .13 =	2,903,225 X	78,570 X	1,374,450.00
	1.5 = 25758	.62 = 20292	15742	81791	.307 = 24421	1.47 = 11,545
		45,101	37072			

12512

A+H (cum)		Hosp. (cum)		Surg Exc. (cum)		Hosp.
7 38,164.		14,336.		351,540.		10,358.
8 37,940.		13,996.		343,455.		10,064.
9 37,716.		13,916.		341,790.		10,054.
10 37,632.		13,876.		340,760.		10,004.
11 36,513.	23,688	13,476.		330,960.		9,664.
12 35,869.		13,226.		324,835.		9,464.
1 35,577.		13,136.	17998	322,630.	9363	9,474.
2 35,392.		13,096.		321,650.		9,494. 29972
3 35,644.		13,166.		323,610.		9,534.
4 35,532.		13,126.		323,390.		9,530.
36,688	X.646 =	35,526	X.133 =	3,323,469	X.493 / 175 =	97,630 X.307 =

Surg Exp.	D.B.L.				
7 181,360.00	4		8577	33,000	924. 2885
8 176,137.50	4			32,000	896. .62
9 175,962.50	4			33,000	924. 462 141
10 175,087.50	4			80,000	1120.
11 169,137.50	4 14441			104,000	1456. 12166
12 165,637.50	4			112,000	1568. .745
1 165,812.50	4 63			112,000	1568. 909
2 165,987.50	4			126,000	1764.
3 166,162.50	4			142,000	1988.
4 166,775.00	4			160,000	2240.
1,708,700.00 X 1479 / 1475 =	40 X 1.58 =				

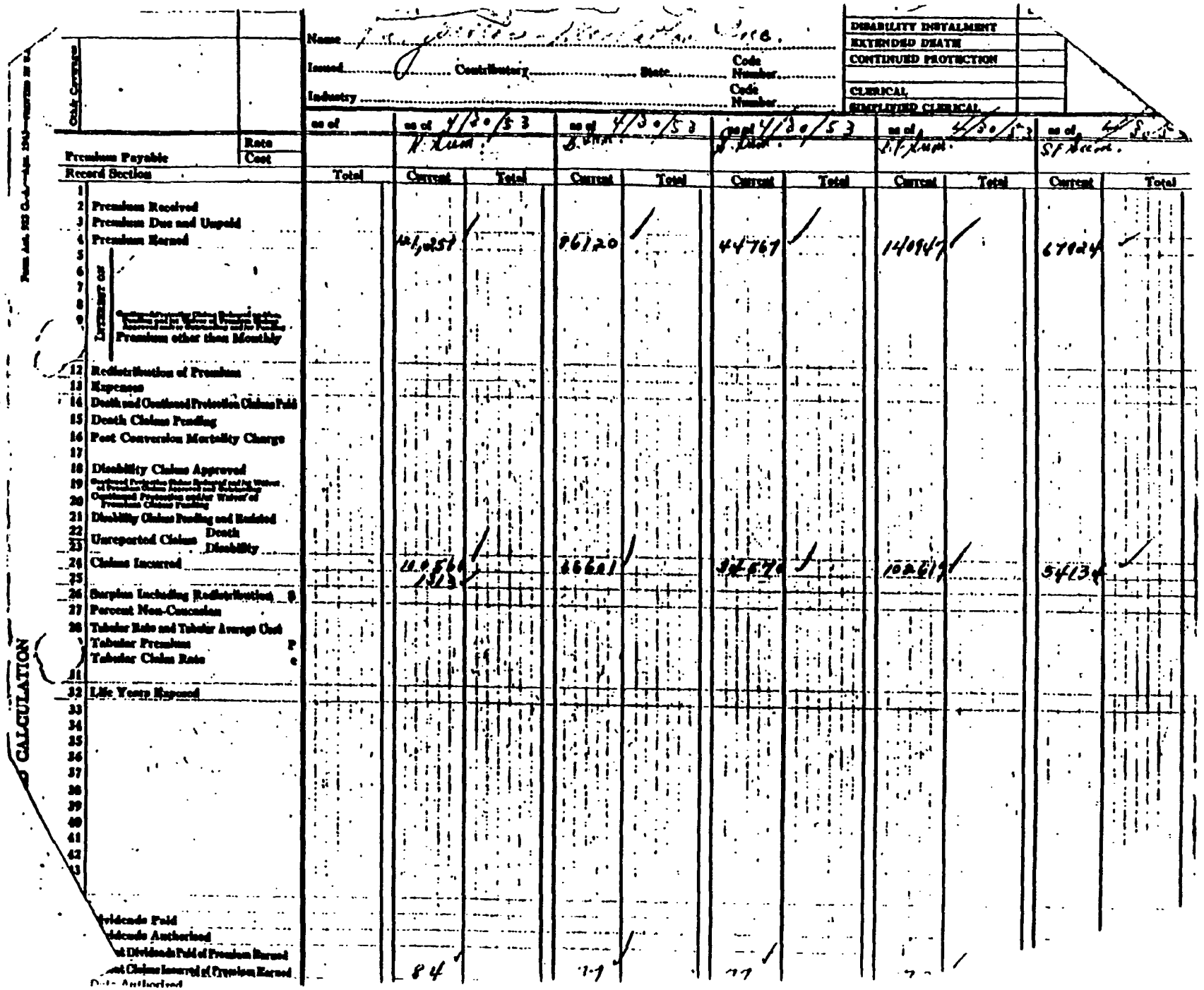
7 264.	14950	12285 X 391/150 = 54				3300	7100 X
8 256.	(52X 4800					3150	1.3
9 1/2 264 132.	137 4950 2475. 32	1/2 154 77 = 378 X.318				3300	1650
10 400	89 1980 2475	77		120		1650	71
11 520	12740	260				4550	
12 560	13724	104885 X 330		276 X.308 =		5775	50125 X
1 560	43121 372 0	.493 360		852		6300	1.079
2 560	.132 15435	175 370				6475	8175
3 630	569 17395	295 410		772		7175	42
4 710		327 410				8575	
5 800	658 19600	550				9625	41

Rayl Ins Manhattan 7/1
8577-G

Experience from 7-1-52-4-30-53

Cav	Claims Incurred	Premium Earned	Claim Rate
8577-GH	52831	54465	97
T.D.B	46213	64310	74
D.B.L.	179	504	36
6683-GH	1346	1972	68
H Sum.	101873	121,251	84
8577-GB	65134	84596	77
6683-GB	1487	1524	96
B Sum.	66601	86120	77
8577-GS	33897	44123	77
6683-GS	673	644	105
S Sum.	34570	44767	77
8577-GBF	101003	139098	73
6683-GBF	1616	1849	87
BF Sum.	102619	140947	73
8577-GSF	53,208	66860	80
6683-GSF	926	1064	87
SF Sum.	54,134	67,924	80
Σ	359,797	461009	78
Life	76,354	[illegible]	73
Σ	436,151	566012	77

M.A. 6/2/53
[illegible] 6/2/53



Name
Issued ... Contributory ... State ... Code Number
Industry ... Code Number

DISABILITY INSTALMENT
EXTENDED DEATH
CONTINUED PROTECTION
CLERICAL
SIMPLIFIED CLERICAL

Group Contract

Rate
Cost

Premium Payable

Record Section		as of	as of 4/30/53		as of 4/30/53		as of 4/30/53		as of 4/30/53		as of 4/30/53	
		Total	Current	Total	Current	Total	Current	Total	Current	Total	Current	Total
2	Premium Received											
3	Premium Due and Unpaid											
4	Premium Earned		41,051		86120		44767		140947		67024	
5	Increase or Decrease in Reserve for Premiums other than Monthly											
12	Redistribution of Premium											
13	Expenses											
14	Death and Continued Protection Claims Paid											
15	Death Claims Pending											
16	Post Conversion Mortality Charge											
17												
18	Disability Claims Approved											
19	Continued Protection Waiver Benefits and Waiver of Premium Claims Pending											
20	Continued Protection and/or Waiver of Premium Claims Pending											
21	Disability Claims Pending and Related											
22	Unreported Claims — Death											
23	Unreported Claims — Disability											
24	Claims Incurred		41,856		86681		92570		140947		54134	
25												
26	Surplus Including Redistribution	0										
27	Percent Non-Concession											
28	Tabular Rate and Tabular Average Cost											
	Tabular Premium	P										
	Tabular Claim Rate	c										
32	Life Years Exposed											
	Dividends Paid											
	Dividends Authorized											
	Ratio Dividends Paid of Premium Earned											
	Ratio Claims Incurred of Premium Earned		84		1.1		1.1		1.1		1.1	
	Dollar Authorized											

CALCULATION

GROUP, LIFE DIVIDEND CALCULATION

Policy Number: 8577 | Insured Date: 7-1

Other Coverages: Calculus 6083

Name: [illegible] Canadian Oil Co. Limited

Issued: ( ) Contributory ..... State ..... Code Number .....

Industry ..... Code Number .....

DISABILITY INSTALMENT	
EXTENDED DEATH	
CONTINUED PROTECTION	
CLERICAL	
SIMPLIFIED CLERICAL	

Premium Payable: Rate / Cost

Record Section	as of	as of 4/30/53 Hospital		as of 4/30/53 Surgical		as of 4/30/53 Regular		as of 4/30/53 Major		as of 4/30/53 Life	
	Total	Current	Total	Current	Total	Current	Total	Current	Total	Current	Total
1 Premium Received											
2 Premium Due and Unpaid											
3 Premium Earned		24586		44123		139098		66860		105003	
4 Premium other than Monthly											9.0
5 Redistribution of Premium											
6 Experience											
7 Disabled Continued Protection Claims Paid		59152	486226	33245	425295	92119	858247	57007	222297	71717	138701
8 Death Claims Pending										7855	7855
9 Post Conversion Mortality Charge											9.2
10 Disability Claims Approved		566.9	20482		24.0	1288	26472		456		
11 Disability Claims Pending and Related Continued Protection and/or Waiver of Premium Claims Pending			240				456			2000 1902	37072
12 Unreported Claims: Death		513	15587	652	7179	2596	44874	2201	23259	1597	4027
13 Unreported Claims: Disability										200 %	200 %
14 Claims Incurred		65134		85897		96403		52208		76351	
15											
16 Surplus including Redistribution $											
17 Percent Non-Cancelable											
18 Tabular Rate and Tabular Average Cost											
19 Tabular Premium P											
20 Tabular Claim Rate C											
21											
22 Life Years Exposed											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46 Dividends Paid											
47 Dividends Authorized											
48 Percent Dividends Paid of Premium Earned											
49 Percent Claims Incurred of Premium Earned		77		77		73		0			

ACTUARIAL DIVISION
J.A. DEMPSEY

RETURN TO: GROUP UNDERWRITING DIVISION
ATTENTION: MR. J. [illegible]

RAYBESTOS-MANHATTAN INC. | MASTER POLICY NUMBER 5577 | RENEWAL DATE 7-1

TRANSACTION: EFF 1-2-53 SUBJ. TO [illegible] INC L TO 2000 FOR ALL EES OF GENERAL ASBESTOS-RUBBER DIVISION NORTH CHARLESTON S.C. NIC

ESTIMATED % FEMALE BENEFITS: H B S P M C X

ESTIMATED NUMBER OF EMPLOYEES: PERSONAL 800 DEPENDENT

% EMPLOYER CONTRIBUTION TO DISABILITY COVERAGES: PERSONAL — DEPENDENT —

IF EXTENSION NUMBER OF EMPLOYEES: UNIT OR CLASS / INDUSTRY

ESTIMATED LIFE VOLUME INCREASE 800,000

ESTIMATED LIFE AVERAGE PREMIUM 1.08

	TO BE COMPLETED BY UNDERWRITING DIVISION					TO BE COMPLETED BY ACTUARIAL DIVISION	
	NEW	REV.	EXT.	BENEFIT (MIN. AND MAX.)	PLAN	PRESENT RATE AND RATE BASIS	TRANSACTION RATES AND RATE BASIS
L		X		2000 FLAT	DEATH IN EVENT	[illegible]	[illegible]
D							
H							
B							
S							
SF							
SF							

O.K. TO ELIMINATE AGE 60? YES NO. (SEE EXP. DATA BELOW)

WHAT RATES TO APPLY TO UNITS OR CLASSES NOT AFFECTED BY TRANSACTION?

FOR ACTUARIAL USE ONLY

LIFE RECOMPUTATION INSTRUCTIONS: (TO HOLD ONLY IF TRANSACTION AND VOLUME ARE AS DESCRIBED ABOVE)

- [ ] RECOMPUTE ENTIRE GROUP
- [ ] DO NOT RECOMPUTE FOR REVISION
- [ ] RECOMPUTE AND WAIVE RENEWAL IF REVISION EFFECTIVE _____ MONTHS PRIOR TO RENEWAL.
- [ ] OBTAIN COMPOSITE OF PRESENT AVERAGE COST AND AVERAGE COST OF NEW BUSINESS, IF EFFECTIVE PRIOR TO _____
- [ ]

REMARKS: PLEASE ADVISE RE RECOMP OF LIFE AVERAGE PREM.

REMARKS:

APPROVED BY _____ DATE 12-29-52

APPROVED BY [illegible] DATE [illegible]

TO HOLD UNTIL [illegible]

G.1704 (11-52) PRINTED IN U.S.A.

ACTUARIAL DIVISION
J.A. DEMPSEY

RETURN TO: GROUP UNDERWRITING DIVISION
ATTENTION: MR. _____

TRANSACTION	MASTER POLICY NUMBER	RENEWAL DATE
ASBESTOS - MANHATTAN SVC.	11	7-1

REF 91325 - Ins Co of N Am & Gen Acc Ins Co of Am to match the basic plan of Policy 91325 effective 7-1-73 (140 Tot.)

ESTIMATED % FEMALE BENEFITS:	ESTIMATED NUMBER OF EMPLOYEES:	% EMPLOYEE CONTRIBUTION TO DISABILITY COVERAGE:
H-31 S-21 P-31 M C X	PERSONAL 37 DEPENDENT 40	PERSONAL DEPENDENT

IF EXTENSION	UNIT OR CLASS	ESTIMATED LIFE VOLUME INCREASE	120 00
NUMBER OF EMPLOYEES	INDUSTRY	ESTIMATED LIFE AVERAGE PREMIUM	1.11 R

TO BE COMPLETED BY UNDERWRITING DIVISION

NEW	REV.	EXT.	BENEFIT (MIN. AND MAX.)	PLAN
L	X		2000	CP
O				
H			no dup 28	5 yr 1 1/2 - 21 m.t.d.
S	X		10	15 (10531 unit form)
S	X		245	140% @ 175
D	X		4	effective 7-31-73
SF	X		10	Rx Hazardous Maint
SF	X		175	150% @ 175
PP			44	5 Yr. 5 - 21 %

O.K. TO ELIMINATE ABE 007

WHAT RATES TO APPLY TO UNITS OR CLASSES NOT AFFECTED BY TRANSACTION?

TO BE COMPLETED BY ACTUARIAL DIVISION

PRESENT RATE AND RATE BASIS	TRANSACTION RATES AND RATE BASIS (SHOW EXPERIENCE DATA UNDER REMARKS, IF RATES ABOVE TABULAR)

YES ☐ NO. (SEE EXP. DATA BELOW) ☐

FOR ACTUARIAL USE ONLY

LIFE RECOMPUTATION INSTRUCTIONS: (TO HOLD ONLY IF TRANSACTION AND VOLUME ARE AS DESCRIBED ABOVE)

- ☐ RECOMPUTE ENTIRE GROUP
- ☐ DO NOT RECOMPUTE FOR REVISION
- ☐ RECOMPUTE AND GIVE RENEWAL IF REVISION EFFECTIVE _____ MONTHS PRIOR TO RENEWAL.
- ☐ OBTAIN COMPOSITE OF PRESENT AVERAGE COST AND AVERAGE COST OF NEW BUSINESS, IF EFFECTIVE PRIOR TO _____
- ☐ _____

REMARKS: + B Mut Reserve to 14 days + 10 X SS
Refund allowance
Under this exception 8.33 - 2 =
L to be reduced to 1000 for Cat
Exception - 2
GAF/SS/PP to be charged reserve
1.1537

Portion and life waiver premiums to be
billed direct to 32 Pine Street

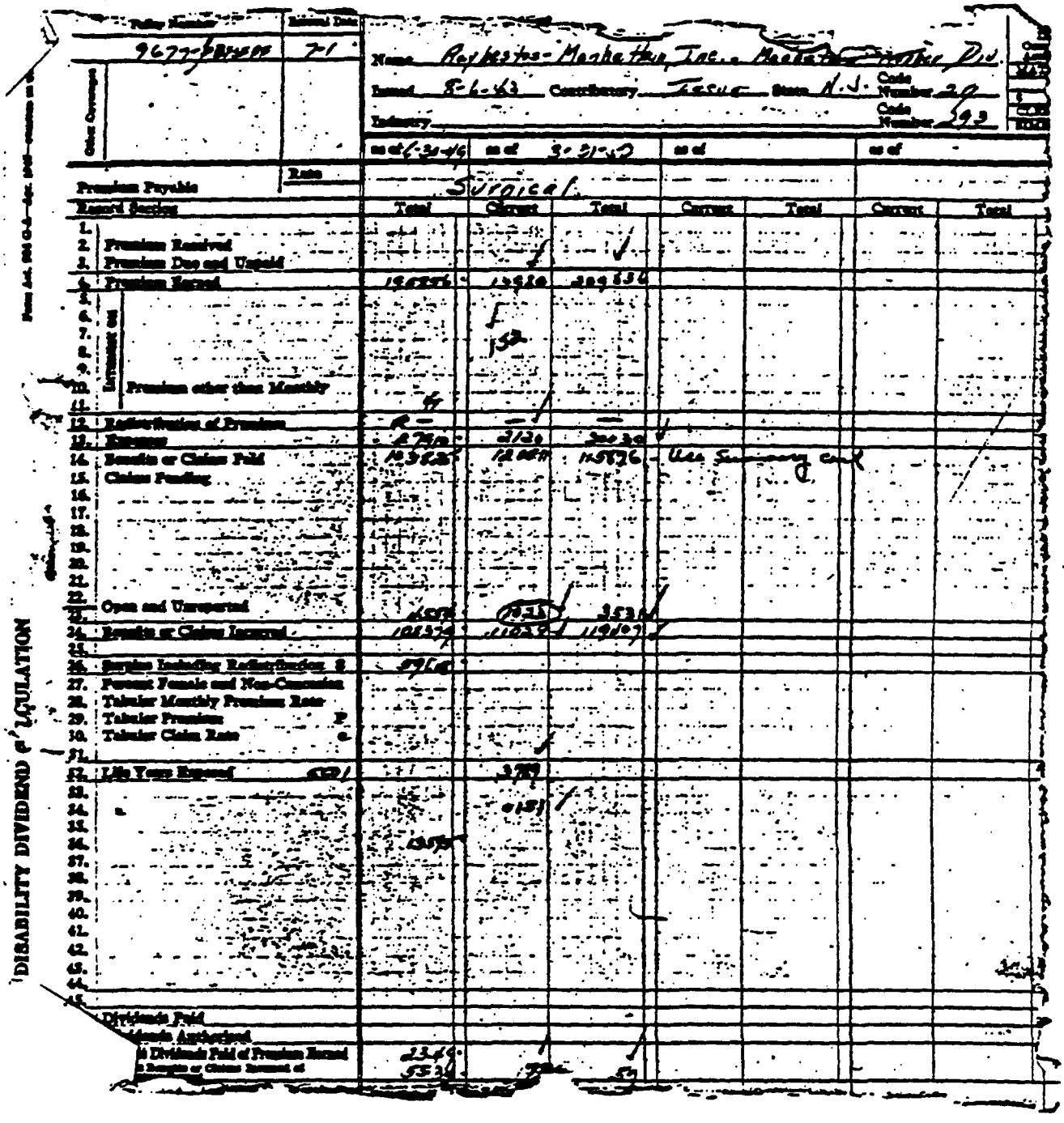
APPROVED BY _____ DATE _____

REMARKS:

APPROVED BY _____ DATE _____

TO HOLD UNTIL _____

G.1704 (8-72) PRINTED IN U.S.A.



DISABILITY DIVIDEND EQUALATION

GROUP DISABILITY DIVIDEND CALCULATION

9677-PBFSF — Page 1

Name: Rochester Manhattan Tel. - Manhattan Retire Buisced
Issued: 8-1-45 Contributory: Yes State: N.Y. Code Number: 26
Industry: Mfg. Bottle Liquor Code Number: 282

Occupational Location
MATERNITY BENEFIT: Yes
30 DAYS DAILY BENEFIT
MAXIMUM BENEFIT
CLERICAL
SIMPLIFIED CLERICAL

	as of 1-30-46	as of 9-31-50	as of 6-30-49	as of 3-31-50	as of	as of
Premium Payable	Rate		Hospital	Dep. Hospital		
Record Section	Total	Current / Total	Current / Total	Current / Total	Current / Total	Current / Total
1.						
2. Premium Received						
3. Premium Due and Unpaid						
4. Premium Earned	166328	34660 / 3520028	27870	62920 / 3241		
5.						
6.						
7.		1681		1681		
8.						
9.						
10. Premium other than Monthly						
11.	64	26	94	94		
12. Redistribution of Premium			47	47		
13. Expenses	58539	6486 / 620539	30687	6040 / 313977		
14. Benefits or Claims Paid	170736	22967 / 1935105	under claims 43778	28374 / 1721853	unit claims	
15. Claims Pending			on Summary		on Summary	
16. Physicians Allowance	1581	1447 / 3031	2224	782 / 1301	per J.D.	
17.			Railroad			
18.			estimated under			
19.			only not the correct			
20.						
21.						
22.						
23. Open and Unreported	10157	2985 / 7155	2223	5967 / 182491		
24. Benefits or Claims Incurred	182896	21510 / 2028867	170811	21710 / 1911761		
25.						
26. Surplus Including Redistribution S	118776	12906 / 1237116	92233	12858 / 964175		
27. Percent Female and Non-Connection						
28. Tabular Monthly Premium Rate						
29. Tabular Premium P		101716				
30. Tabular Claim Rate c						
31.						
32. Life Years Exposed 5924	5648	3774	2295	2438		
33.						
34.		0164		0158		
35.						
36.	17200	602 / 177204	14447	857 / 13404		
37.						
38.						
39.						
40.						
41.						
42.						
43.						
44.						
45.						
46. Dividends Paid						
47. Dividends Authorized						
48. Percent Dividends Paid of Premium Earned	23.51	22.92 / 26.00	21.47	46.25 / 23.64		
49. Percent Benefits or Claims Incurred of Premium Earned	52	69 / 52	61.64	41 / 54		

GROUP LIFE DIVIDEND CALCULATION

Form 646-183 C.L.—Aug. 1950—PRINTED IN U.S.A.

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Other Coverage

Name Raytheon Manufacturing Co.

Issued ... Contributory Joint State N.J. Case Number 29

Industry Mechanical Rubber Goods Code Number 293

EXTENDED DEATH
CONTINUED PROTECTION X
CLERICAL
SIMPLIFIED CLERICAL

Premium Payable	Rate	as of 6-30-49	as of 3-31-50		as of		as of		as of		as of	
	Cost	T 1.07	T 1.070	1.09								
Record Section		Total	Current	Total	Current	Total	Current	Total	Current	Total	Current	Total
1												
2 Premium Received												
3 Premium Due and Unpaid												
4 Premium Earned		718929	49080	765009								
5			1231									
6												
7												
8		181	—	181								
9 Premium other than Monthly		1116	330	1446								
10												
11		1297										
12 Redistribution of Premium		11869	—	11869								
13 Expenses		101001	6040	107041								
14 Death and Continued Protection Claims Paid		428951	29000	457951								
15 Death Claims Pending		1000	3000	4000								
16 Post Conversion Mortality Charge		4475	350	4825								
17		2		2								
18 Disability Claims Approved		26052	1600	27652								
19 Continued Protection under Waiver of Premium Claims Approved and Continuing		12000	—	12000								
20 Continued Protection under Waiver of Premium Claims Pending		—										
21 Disability Claims Pending and Reduced		—										
22 Unreported Claims Death		3506	(509)	2697								
23 Disability		6494	(604)	3890								
24 Claims Incurred		482500	31937	514437								
25												
26 Surplus Including Redistribution S		158594	11433	160027								
27 Percent Non-Concession												
28 Tabular Rate and Tabular Average Cost		T 1.07		T 1.15								
29 Tabular Premium P		650216	51762									
30 Tabular Claim Rate c												
31												
32 Life Years Exposed	5620		5008									
33												
34	0.1%											
35												
36		14719	611	15330								
37												
38												
39												
40												
41												
42												
43												
44												
45												
46 Dividends Paid												
47 Dividends Authorized			1									
48 Percent Dividends Paid of Premium Earned		1862	22.05	18.81								
52 Percent Claims Incurred of Premium Earned		6711	65	67								

3846 ✓
9-15-50
9823