Office of Insurance Regulation
Bureau of Property & Casualty Forms and Rates

FLORIDA EXPENSE SUPPLEMENT FOR INDEPENDENT RATE FILINGS

COMPANY NAME **Metropolitan General Insurance Company** **DATE** **6/2/2026**
(GROUP)

1) Combination to which this page applies **Pet Insurance**
(Line, Subline, Coverage, Territory, Class, etc.)

2) Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

A. Commission and Brokerage	**1.65%**
B. Other Acquisition	**0.0%**
C. General Expense	**21.2%**
D. Premium taxes	**1.75%**
E. Miscellaneous licenses and fees, other taxes	**0.0%**
F. Other expenses	**5.6%**
G. Expected Profit Margin & Contingency Factor (per Florida Rule 690-170.003)	**3.8%**
H. TOTAL (Expected Expense Ratio)	**34.0%**

3) Expected Loss Ratio: ELR = 100% - 2H = **66.0%**

4) Current Number of Policies in Force: **32,267**

5) Florida Rate Filing History:

			Latest Calendar/Accident Year				
	Rate Change Requested	Rate Level Indication	Incurred Loss Ratio	Earned Premium Volume	Rate Change Approved	New Bus. Effective Date	Renewal Effective Date
New Filing	13%	13%	74.2%	$22,653,217	_______%	9/15/2026	9/15/2026
1st Prior Filing	26%	29%	85.1%	$14,252,224	26%	11/19/2025	11/19/2025
2nd Prior Filing	9.9%	20.7%	79%	$8,638,399	9.9%	2/20/2025	2/20/2025