

FILED

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

MAR 7 2012

WCC No. 2000-0222 & 2003-0

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELENA, MONTANA

Robert Flynn & Carl Miller

Petitioners

vs.

State Compensation Insurance Fund, et al.

Respondent/Insurer

AFFIDAVIT

STATE OF Illinois)

: ss.

County of Cook)

¶1 I Lynn Munson (NAME), being first duly sworn upon oath, depose and say:

¶2 I, Lynn Munson (NAME), am the Asst. VP Claims Regulatory (POSITION) of XL Insurance America Inc. (NAME OF INSURER OR SELF-INSURER).
("XL America")

¶3 In my capacity as AVP Claims Regulatory (POSITION) of XL America (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of XL America (NAME OF INSURER OR SELF-INSURER) and to bind XL America (NAME OF INSURER OR SELF-INSURER) by these statements.

¶4 After a review of our records, I swear under oath that XL America (NAME OF INSURER OR SELF-INSURER) should be dismissed from the above-entitled action for any or all of the following reasons (check any or all that apply):

- _____ (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
- XL America (NAME OF INSURER OR SELF-INSURER) does not have any Montana claims;
- _____ (NAME OF INSURER OR SELF-INSURER) has no claimants meeting the Court's criteria in this matter as set forth in the summons; and Flynn III, 2011 MT 300.
- _____ (NAME OF INSURER OR SELF-INSURER) was or is in liquidation during the period in question set forth in the amended summons served upon me.

¶5 I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days from the date of filing this affidavit within which counsel for Petitioner[s] may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of XL America (NAME OF INSURER OR SELF-INSURER). After such 90 days, if no objection is lodged by counsel for Petitioner[s], the Court will dismiss the insurer/self-insurer from this action based on the sworn statements made by me in this affidavit.

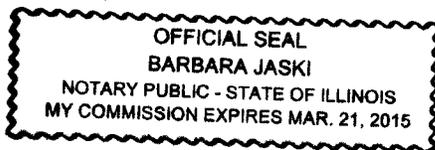
¶6 I declare under penalty of perjury that the foregoing is correct.

DATED this 1st day of March, 2012

Dynn Munson
(Name)

Asst. VP Claims Regulatory
(Title)

Signed and sworn to before me this 1st day of March, 2012



(SEAL)

Barbara Jaski
Notary Public for the State of ILLINOIS
Residing at: Kane County
My Commission Expires: 3/21/2015