

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

FILED

CASSANDRA SCHMILL

DEC 29 2005

Petitioner

vs.

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELENA, MONTANA

LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer

MONTANA STATE FUND

Intervenor.

AFFIDAVIT

STATE OF Delaware)
County of New Castle) : ss.

¶1 I, Luann M. Petrellis (NAME), being first duly sworn upon oath, depose and say:

¶2 I, Luann M. Petrellis (NAME), am the COO & Secretary (POSITION) of American Centennial Insurance Company (NAME OF INSURER OR SELF-INSURER).

¶3 In my capacity as COO & Secretary (POSITION) of American Centennial Insurance Company (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of American Centennial Insurance Company (NAME OF INSURER OR SELF-INSURER) and to bind American Centennial Insurance Company (NAME OF INSURER OR SELF-INSURER) by these statements.

¶4 After a review of our records, I swear under oath that American Centennial Insurance Company (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):

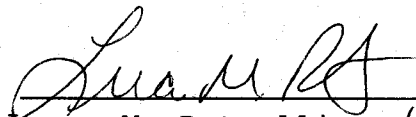
DOCKET ITEM NO. 121

- _____ (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
- American Centennial Insurance Company (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;
- _____ (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 Petitioner's counsel may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of American Centennial Insurance Company (NAME OF INSURER OR SELF-INSURER). After such 90 days, if no objection is lodged by the Petitioner's counsel, 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.

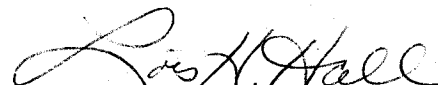
DATED this 19th day of December, 2005.



 Luann M. Petrellis (Name)

 COO & Secretary (Title)

Signed and sworn to before me this 19th day of December, 2005.



 Notary Public for the State of Delaware
 Residing at: Wilmington, Delaware
 My Commission Expires: _____

(SEAL)

AMERICAN CENTENNIAL
INSURANCE COMPANY

CERTIFIED MAIL 7005 1160 0002 0782 6467
RETURN RECEIPT REQUESTED

December 19, 2005

The Workers' Compensation Court
1625 11th Avenue
P.O. Box 537
Helena, Montana 59624-0537

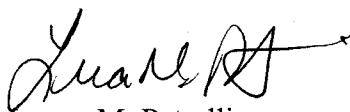
Re: WCC No. 2001-0300
In the Workers Compensation Court of the State of Montana
Cassandra Schmill v. Liberty Northwest Insurance Corporation and
Montana State Fund

Dear Sir or Madam:

As required by Paragraph 5 in the Amended Summons and Notice of Attorney Fee Lien in the above-referenced matter, enclosed is the executed Form Affidavit on behalf of American Centennial Insurance Company.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,



Luann M. Petrellis
COO and Secretary

LMP/lh
[montana121905]

cc: file

Ms. Laurie Wallace
Bothe & Lauridsen, P.C.
P.O. Box 2020
Columbia Falls, Montana 59912

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