

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

CASSANDRA SCHMILL

Petitioner

vs.

LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer

MONTANA STATE FUND

Intervenor.

FILED

DEC 20 2005

OFFICE OF
WORKER'S COMPENSATION JUDGE
HELENA, MONTANA

AFFIDAVIT

STATE OF Michigan)
County of Oakland) : ss.

¶1 I, Mary Ann Townsend (NAME), being first duly sworn upon oath, depose and say:

¶2 I, Mary Ann Townsend (NAME), am the Assistant Treasurer (POSITION) of CIM Insurance Co (NAME OF INSURER OR SELF-INSURER).

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

¶4 After a review of our records, I swear under oath that CIM 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):

- CIM Insurance Co (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
- CIM Insurance Co (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.

¶15 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 CIM Insurance Co (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.

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

DATED this 16th day of December, 2005.

Mary Ann Townsend
(Name)
Assistant Treasurer
(Title)

Signed and sworn to before me this 16th day of December, 2005.

Rhonda Gaylor
Notary Public for the State of _____
Residing at: RHONDA GAYLOR
My Commission Expires Notary Public, Oakland County, MI
My Commission Expires Sep. 16, 2008

(SEAL)