

FILED

DEC 30 2005

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELENA, MONTANA

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.

AFFIDAVIT

STATE OF Illinois)
County of Madison) : ss.

¶1 I WILLIAM W. NIEMIETZ (NAME), being first duly sworn upon oath, depose and say:

¶2 I, WILLIAM W. NIEMIETZ (NAME), am the VICE PRESIDENT OF CLAIMS (POSITION) of FLORISTS' MUTUAL INS. CO. (NAME OF INSURER OR SELF-INSURER).

¶3 In my capacity as VICE PRESIDENT (POSITION) of FLORISTS' MUTUAL INS. CO. (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of FLORISTS' MUTUAL INS (NAME OF INSURER OR SELF-INSURER) and to bind FLORISTS' MUTUAL INS. CO. (NAME OF INSURER OR SELF-INSURER) by these statements.

¶4 After a review of our records, I swear under oath that FLORISTS' MUTUAL INS. CO. (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):

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DEC 2 2005

FLORISTS' MUTUAL
HORTICA
FLORISTS' INSURANCE
DOCKET ITEM NO. 123

- _____ (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
- _____ (NAME OF INSURER OR SELF-INSURER) does not have any Montana claims;
- FLORISTS' MUTUAL INS (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.

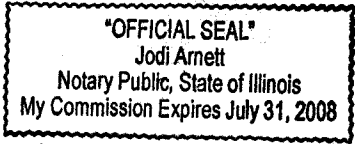
¶5 I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days from the date of filing this affidavit within which Petitioner's counsel may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of FLORISTS' MUTUAL INS (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 22nd day of December, 2005

William W. Niemi
 (Name)
Vice President, Workers' Compensation
 (Title) Claims

Signed and sworn to before me this 22nd day of December, 2005



(SEAL)

Jodi Arnett
 Notary Public for the State of Illinois
 Residing at: Edwardsville, IL
 My Commission Expires: 7/31/08



DEC 12 2005

FLORISTS' MUTUAL
 HORTICA
 FLORISTS' INSURANCE



December 20, 2005

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7005 0390 0004 5956 8056

Clerk of the Workers' Compensation Court
P.O. Box 537
Helena, MT 59624-0537

Re: WCC No. : 2001-0300
Petitioner : Cassandra Schmill
Respondent/Insurer : Liberty Northwest Insurance Corporation

Dear Sir/Madam:

We have received the amended Summons and Notice of Attorney Fee Lien regarding the above captioned matter. A complete search of our claim records revealed that we have no claims that involved the payment of disability benefits for occupational disease during the period of July 1, 1987 through June 22, 2001. Enclosed is our affidavit requesting the dismissal of Florists' Mutual Insurance Company from this action.

Sincerely,

Hortica
The Florists' Mutual Insurance Co.

A handwritten signature in cursive script that reads "Bill Niemietz".

Bill Niemietz, CPCU, AIC
Vice President
Workers' Compensation Claims

BN/mrs

cc: Ms. Laurie Wallace, Bothe & Lauridsen, P.C., CERTIFIED MAIL, RETURN
RECEIPT REQUESTED 7005 0390 0004 5956 8049