

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

FEB 13 2006

OFFICE OF  
WORKERS' COMPENSATION JUDGE  
HELENA, MONTANA

AFFIDAVIT

STATE OF Oklahoma )  
County of Oklahoma ) : ss.

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

¶2 I, Jodi Edwards (NAME), am the Claim Coordinator (POSITION) of BancInsure, Inc. (NAME OF INSURER OR SELF-INSURER).

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

¶4 After a review of our records, I swear under oath that BancInsure, Inc. (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):

- Banc Insure, Inc (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;
- \_\_\_\_\_ (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 Banc Insure, Inc (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 6 day of February, 2006

Jodi Edwards  
(Name)  
Claims Coordinator  
(Title)

Signed and sworn to before me this 8th day of February, 2006

Mary E. J. [Signature]  
Notary Public for the State of OKLAHOMA  
Residing at: OKLAHOMA County  
My Commission Expires: 7-26-08

(SEAL)