



\_\_\_\_\_ (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;

Metropolitan Direct Property and Casualty Insurance Company 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 Metropolitan Direct Property and Casualty Insurance Company. 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.

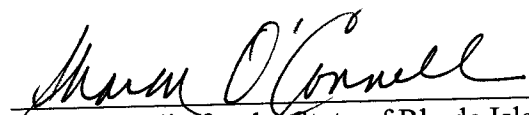
DATED this 28<sup>th</sup> day of September, 2006.



\_\_\_\_\_  
Maura C. Travers

Secretary  
(Title)

Signed and sworn to before me this 28<sup>th</sup> day of September, 2006.



\_\_\_\_\_  
Notary Public for the State of Rhode Island  
Residing at: Coventry, Rhode Island  
My Commission Expires: 6/29/09

(SEAL)