

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

FILED

MAY 17 2012

Cassandra Schmill

Petitioner

vs.

Liberty Northwest Insurance Corp., et al.

Respondent/Insurers

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELENA, MONTANA

AFFIDAVIT

STATE OF Wisconsin)
: ss.
County of Waukesha)

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

¶2 I, Kathie Haller (NAME), am the Claim Service (POSITION) of Old Republic Insurance Company ("Old Republic") (NAME OF INSURER OR SELF-INSURER). *Compliance Mgr*

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

¶4 After a review of our records, I swear under oath that Old Republic (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. 532

- _____ (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;
- Old Republic (NAME OF INSURER OR SELF-INSURER) has no claimants meeting the Court's criteria in this matter as set forth in the summons; and Flynn III, 2011 MT 300.
- _____ (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 counsel for Petitioner[s] may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of Old Republic (NAME OF INSURER OR SELF-INSURER). After such 90 days, if no objection is lodged by counsel for Petitioner[s], 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 17 day of February, 2012

Kutche Haller
(Name)

CSCM
(Title)

Signed and sworn to before me this 17th day of FEBRUARY, 2012

Linda M. Hornung
Notary Public for the State of WISCONSIN
Residing at: WAUKESHA COUNTY
My Commission Expires: APRIL 27, 2014

(SEAL)