



- \_\_\_\_\_ (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;
- Zurich American (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 Zurich American (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 23rd day of May, 2012

William A. Peter  
 \_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 Assistant Secretary  
 \_\_\_\_\_  
 (Title)

Signed and sworn to before me this 23rd day of May, 2012

Lynne S. Gocher  
 \_\_\_\_\_  
 Notary Public for the State of Montana  
 Residing at: Howard County, MD  
 My Commission Expires: August 3, 2013

(SEAL)