Oliver H. Goe BROWNING, KALECZYC, BERRY & HOVEN, P.C. 800 North Last Chance Gulch, Suite 101 P.O. Box 1697 Helena, MT 59624-1697 Telephone: (406) 443-6820 Facsimile: (406) 443-6883

ATTORNEYS FOR RESPONDENT/INSURER

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

CASSANDRA SCHMILL,

Petitioner,

V.

LIBERTY NW INS. CORP.,

Respondent/Insurer,

and

MONTANA STATE FUND,

Intervenor.

AFFIDAVIT OF VERA RAY ON BEHALF OF THE ARGONAUT COMPANIES

- I, Vera Ray, being first duly sworn, depose and say:
- 1. I am a Senior Claims Consultant for the Argonaut Insurance Companies which include Argonaut Insurance Company, Argonaut Midwest Insurance Company, and Argonaut Northwest Insurance Company (collectively "Argonaut").

FILED: 07/28/16

Docket Item No. 668

- I am authorized to make statements on behalf of the Argonaut in regard to 2. this matter.
- After a review of the records of the Argonaut, I identified four occupational 3. disease claims with a date of loss between July 1, 1987 through June 22, 2001 in which an apportionment was made. On one of the claims, the claimant died on September 12, 1998. On the other three claims, the last date any indemnity benefits were paid was May 8, 1998.
- I understand that the Montana Workers' Compensation Court may allow 4. up to 90 days from the date of filing of this affidavit within which Petitioner's counsel may conduct discovery and investigate for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of Northwestern Healthcare Corporation. 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 upon the sworn statements made by me in this affidavit.
 - I declare under penalty of perjury that the foregoing is correct. 5.

Dated this day of July, 2016.	^		
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Vera Ray

SUBSCRIBED AND SWORN TO before me this 25 day of July, 2016.

otary Public for the State of

(Notarial Sea

(Typed or printed name of Notary)

Residing at Henry County, Georgia

My Commission expires: 3

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of July, 2016, a true and correct copy of the foregoing was deposited in the United States mail, postage prepaid, and addressed as follows:

Laurie Wallace Bothe & Lauridsen, P.C. P.O. Box 2020 Columbia Falls, MT 59912

Todd Hammer Hammer & Quinn, PLLC P.O. Box 7310 Kalispell, MT 59904-0310

Mr. Ronald Atwood 333 SW 5th Avenue, Suite 200 Portland, OR 97204-1748

Mr. Steve Jennings Crowley Fleck, PLLP P.O. Box 2529 Billings, MT 59103-2529

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