

## OFFICE OF WORKERS' COMPENSATION COURT OF THE STATE OF THE CHARANCE TO THE STATE OF THE STATE OF

WCC No. 2000-0222 & 2003-0771

## Robert Flynn & Carl Miller

## **Petitioners**

VS.

State Compensation Insurance Fund, et al.

## Respondent/Insurers

AFFIDAVIT		
STATE OF MARYLAND	)	
County of <u>Baltimore</u>	; ss. )	
¶1   William A. Peterson and say:	(NAME), being first duly sworn upon oath, depose	
¶2 I, <u>William A. Peterson</u> (POSITION) of <u>Northern Insurance</u> of New York ("Northe	(NAME), am the Assistant Secretary  Company (NAME OF INSURER OR SELF-INSURER).  ern Insurance")	
¶3 In my capacity as <u>Assist</u> (NAME OF INSURER OR SELF set forth in this affidavit on behalt	rant Secretary (POSITION) of Northern Insurance  F-INSURER), I am authorized to make the statements  f of Northern Insurance (NAME OF INSURER OR  Northern Insurance (NAME OF INSURER OR	
NAME OF INSURER OR SEL	ords, I swear under oath that Northern Insurance  F-INSURER) should be dismissed from the above-	

	(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;
<b>X</b>	Northern Insurance (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.
of up to 90 days may conduct disc the foregoing sta OF INSURER OI counsel for Petiti	nd that the Montana Workers' Compensation Court may allow a period from the date of filing this affidavit within which counsel for Petitioner[s] overy and investigation for the limited purpose of proving or disproving tement(s) made by me on behalf of Northern Insurance (NAME SELF-INSURER). After such 90 days, if no objection is lodged by oner[s], the Court will dismiss the insurer/self-insurer from this action rn statements made by me in this affidavit.
	nder penalty of perjury that the foregoing is correct.
	William A. Pita (Name)
	Assistant Secretary (Title)
Signed and	sworn to before me this
(SEAL)	Residing at: Amund (musy M) My Commission Expires: August 3, 2013
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