IN THE WORKERS' COMPENSATION COURT IN THE STATE OF MONTANA WCC No. 2000-0222

ROBERT FLYNN

and

FILED

CARL MILLER, Individually and on Behalf of Others Similarly Situated

JAN 2 4 2006

Petitioners

OFFICE OF WORKERS' COMPENSATION JUDGE HELENA, MONTANA

vs.

LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer.

		AFFIDAVIT
STATE	OF	OHIO)
County	of	: ss. FRANKLIN)
¶1	I, <u>Charle</u>	es D. Hamm (NAME), being first duly sworn upon oath, depose and say:
¶2		es D. Hamm (NAME), am the President (POSITION) of Evergreen National Indemnity
Company (NAME OF INSURER OR SELF-INSURER).		

- In my capacity as <u>President</u> (POSITION) of <u>Evergreen National Indemnity Company</u> (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of <u>Evergreen National Indemnity Company</u> (NAME OF INSURER OR SELF-INSURER) and to bind <u>Evergreen National Indemnity Company</u> (NAME OF INSURER OR SELF-INSURER) by these statements.
- After a review of our records, I swear under oath that <u>Evergreen National Indemnity Company</u> (NAME OF INSURER OR SELF-INSURER) should be dismissed from the above-titled action for any or all of the following reasons (check any or all that apply):

Evergreen National Indemnity Company (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
have any Montana claims; (NAME OF INSURER OR SELF-INSURER) does not
(NAME OF INSURER OR SELF-INSURER) 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.
I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days rom 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 Evergreen National Indemnity Company (NAME OF INSURER OR SELF-INSURER). After such days, if no objection is lodged by counsel for Petitioner[s], the Court will dismiss the insurer/self-insurer rom 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 day of American 10, 200 6. (Name)
Signed and sworn to me this 10 th day of Onunry, 2006. Other Durrell Notary Public for the state of Ohio Notary Public. State of Ohio Notary Public. State of Ohio Wy Commission Expires 09-26-07 Residing at: 5311 Kmothma Woode Or Washington Dr. 430 8) My commission expires: 09-26-07