## IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

# FILED

### **CASSANDRA SCHMILL**

Petitioner

DEC 1 9 2005

OFFICE OF WORKER'S COMPENSATION JUDGE HELENA, MONTANA

### LIBERTY NORTHWEST INSURANCE CORPORATION

VS.

Respondent/Insurer

### **MONTANA STATE FUND**

Intervenor.

AFFIDAVIT
STATE OF Indiana )
County of Vander burgh : ss.
¶1 I A. Bruce Casteel (NAME), being first duly sworn upon oath, depose and say:
12 1, A. Bruce Casteel (NAME), am the Lompliance Officer (POSITION) of Yosemite Ins. Co. (NAME OF INSURER OR SELF-INSURER).
In my capacity as <u>lompliance Officer</u> (POSITION) of <u>Vosemite</u> Ins. Co. (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of <u>Yosemite</u> Ins. Co. (NAME OF INSURER OR SELF-INSURER) and to bind <u>Yosemite</u> Ins. Co. (NAME OF INSURER OR SELF-INSURER) by these statements.
¶4 After a review of our records, I swear under oath that Vosemite Ins. lo.  (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):

DEC 1 2 2005 OCKET ITEMANS Dept

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	<u>u</u>	Yosemile Ins. Co INSURER) does n	(NAME ot have any Monta	OF I ana clai	<b>NSURER</b> ms;	OR	SELF-
		NSURER) has no matter as set forth	o claimants meet				
The second of th		INSURER) was or forth in the amend	is in liquidation d	uring th	e period in		SELF- tion set
of up to may conthe for of the foresthe the	o 90 days fronduct discovegoing state SURER OR titioner's cou	that the Montana V rom the date of filing very and investigation ment(s) made by the court will a statements made by	ng this affidavit won for the limited pole on behalf of After such 90 day dismiss the insu	ithin whourpose (105 em ite ys, if no rer/self-	nich Petition of proving  The Co- o objection	ner's o or disp  is lod	counsel proving (NAME ged by
¶6 I	I declare und	ler penalty of perjur	y that the foregoin	g is cor , 200 <u></u> 5.	_		
			a. Bruce Complia	Cast	Warra		
			Complia	nce O	(Name)  (Title)		
	Signed and s	sworn to before me t	this 15th day of	Dec	ember	_, 200	05
			Notary Public for Residing at:			dia	
(	SEAL)		My Commission			300-	<del></del>
Affidavit -	- Page 2					R	ECEIVED

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Claims Dept