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

WCC No. 2001-0300

FILED

### **CASSANDRA SCHMILL**

JAN 2 4 2006

**Petitioner** 

OFFICE OF WORKERS' COMPENSATION JUDGE HELENA, MONTANA

VS.

## LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer

### **MONTANA STATE FUND**

Intervenor.

AFFIDAVIT								
STATE OF New York	) ·							
County of New York	: ss. )							
¶1   Corcoran H. Byrne and say:	(NAME), being first duly sworn upon oath, depose							
(North America) I  ¶3 In my capacity as Genera (NAME OF INSURER OR SELF set forth in this affidavit on behalf	(NAME), am the General Counsel Gurance (NAME OF INSURER OR SELF-INSURER).  Converium Reinsurance (North America) Inc.  F-INSURER), I am authorized to make the statements of (North America) Inc.  (NAME OF INSURER OR Converium Reinsurance (NAME OF INSURER OR Ments. (North America) Inc.							
¶4 After a review of our reco	Converium Reinsurance ords, I swear under oath that (North America) Inc.  F-INSURER) should be dismissed from the above- e following reasons (check any or all that apply):							

Convertum Reinsurance (NAME OF INSURER OR SELF-INSURER) does not have any Montana claims;  Convertum Reinsurance (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.  (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.  (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.  (NAME OF INSURER OR SELF-INSURER) was or is in liquidation during the period in question set for upon the date of filling this affidavit within which Petitioner's counsel may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of North America) Inc.  OF INSURER OR SELF-INSURER). 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 on the sworn statements made by me in this affidavit.  (NAME OF INSURER OR SELF-INSURER). 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 on the sworn statements made by me in this affidavit.  (NAME OF INSURER OR SELF-INSURER). 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 on the sworn statements made by me in this affidavit.  (NAME OF INSURER OR SELF-INSURER). 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 on the sworn statements and by me in this affidavit.  (NAME OF INSURER OR SELF-INSURER). After such 90 days, if no objection is lodged by the Petitioner's counsel, the Court wi		<b>X</b>	(North America) In INSURER) has not the state of Monta	ever written work		INSURER mpensation		
(North America) Inc. (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.  (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.  (NAME OF INSURER OR SELF-INSURER) was or is in liquidation during the period in question set of up to 90 days from the date of filling this affidavit within which Petitioner's counsel the foregoing statement(s) made by me on behalf of North Insurance (NAME OF INSURER OR SELF-INSURER). 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 on the sworn statements made by me in this affidavit.  (Name)		X	(North America) In	c. (NAME			OR	SELF
INSURER) was or is in liquidation during the period in question set forth in the amended summons served upon me.  Is I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days from the date of filling this affidavit within which Petitioner's counsel may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of Court may allow a period of up to 90 days from the date of filling this affidavit within which Petitioner's counsel the foregoing statement(s) made by me on behalf of Court may allow a period of up to 90 days, if no objection is lodged by the Petitioner's counsel, the Court will dismiss the insurer/self-insurer from this action based on the sworn statements made by me in this affidavit.  If declare under penalty of perjury that the foregoing is correct.  DATED this 14h day of (Name) (Name) (Name) (Title)  Signed and sworn to before me this 15h day of (Title)  Signed and sworn to before me this 15h day of (Title)  Notary Public for the State of New York Residing at: Guelle Court of New York Residing at: Guelle Court of Co		X	(North America) In INSURER) has no	c (NAME o claimants mee	ting the			
of up to 90 days from the date of filing this affidavit within which Petitioner's counsel may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of North America Insurance (NAME OF INSURER OR SELF-INSURER). 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 on the sworn statements made by me in this affidavit.  If declare under penalty of perjury that the foregoing is correct.  DATED this				is in liquidation d	luring th	he period in		
DATED this	of up to 90 may conduthe forego.  OF INSUR the Petition	0 days fuct discoing state RER OR ner's con	rom the date of filing very and investigation to ment(s) made by ment(s) made by ment(s).  SELF-INSURER).  Unsel, the Court will	ng this affidavit won for the limited point	ourpose onveriu orth Am ys, if n rer/self	hich Petition of proving m Reinsura erica)Inc. o objection	or disposed in the contract of	counsel proving (NAME ged by
(Name)  GENEML COUNSEL & SVP  (Title)  Signed and sworn to before me this 12th day of Jamay, 2006.  JANTHE R EFFROS  Notary Public - State of New York  NO. 01EF6097263  Audie R EHB  Notary Public for the State of New York  Residing at: Guelles County  Residing at: Guelles County	¶6 I de	clare un	der penalty of perjur	y that the foregoir	ng is co	rrect.		
(Name)  GENEAL COUNSEL & SVP  (Title)  Signed and sworn to before me this 12th day of tamenty, 2006.  EANTHER EFFROS  No. 01 EFFOO7263  No. 01 EFFOO7263  Notary Public for the State of New York  No. 12th Residing at: Quelos County  Residing at: Quelos County	DAT	TED this	14h day of Jan	MACY	_, 200 <u>6</u>	•		
(Name)  GENEAL COUNSEL & SVP  (Title)  Signed and sworn to before me this 12th day of tamenty, 2006.  EANTHER EFFROS  No. 01 EFFOO7263  No. 01 EFFOO7263  Notary Public for the State of New York  No. 12th Residing at: Quelos County  Residing at: Quelos County					<i>[</i>	LA B	P ;	
CENEML COUNSEL & SVP  (Title)  Signed and sworn to before me this 12th day of taway, 2006.  EANTHER EFFROS  No. 01 EFF 6097263  Notary Public for the State of New York  No. 01 EFF 6097263  Residing at: Quelos County  Residing at: Quelos County					- · <i>V</i>	(Name)		A
Signed and sworn to before me this 12th day of January, 2006.  **EANTHE R EFFROS**  **No.01 EF 6097263*  **No.01 E				GENER	AL CO	•		P
MANTHE R EFFROS  Making Aublic - State of New York  NO. 01EF6097263  Controls: August 18 7007  Residing at: Quello Comply  Residing at: Quello Comply				**************************************		(Title)		
NO. 01 EF 6097263  Notary Public for the State of New York  Residing at: Quello Comply	Sigr	ned and	sworn to before me	this $12^{1}$ day of	Janu	<u>lary</u>	_, 200	o <u>∕</u> e.
	manual my Sept	NO. 01EF6	ate of New York 097263 Sens Courtly	Notary Public for Residing at:	r the St	Country		



### Paul R. Brady Senior Compliance Analyst

January 18, 2006

Via: Certified Mail/Return Receipt Requested

7001 2510 0006 0337 8517

Workers' Compensation Court 1625 11<sup>th</sup> Avenue Helena, Montana 59624-0537

In Response To: Cassandra Schmill vs. Liberty Re:

**Northwest Insurance Corporation** 

WCC No. 2001-0300

Response From: Converium Reinsurance (North America) Inc. and

Converium Insurance (North America) Inc.

To Whom It May Concern:

Converium Reinsurance (North America) Inc. F/K/A ZC Insurance Company

In response to the attached Amended Summons and Notice of Attorney Fee Lien referenced above, enclosed are the officially signed and notarized responses for both Converium Insurance (North America) linc. and its parent Converium Reinsurance (North America) Inc.

One Canterbury Green Stamford, CT 06901

Neither company has ever committed any of the following actions in the State of Montana: written primary workers' compensation insurance, had any primary workers compensation claims, nor has either company met any of the court's criteria in this matter as set forth in the attached summons.

Phone 212 898 5000 Fax 212 898 5052 http://www.converium.com

Do not hesitate to contact me in writing if further information or clarifications are requested.

Direct Phone 212 898 5241 Direct Fax 212 898 5212 paul.brady@converium.com

Sincerely,

Paul R. Brady Senior Compliance Analyst (212) 898-5241

CC:

Ms. Laurie Wallace Bothe & Lauridsen, P.C. P.O. Box 2020

Columbia Falls, Montana 59912