

November 2, 2021

Re: **Claims Bar Date Notice and Instructions for Proof of Claim Form**
in the matter of Securities and Exchange Commission v. Gina Champion-Cain and ANI Development, LLC, Defendants, and American National Investments, Inc., Relief Defendant, United States District Court, Southern District of California (the "Court") Case No. 3:19-cv-01628-LAB-AHG

I have been appointed as permanent receiver for Defendant ANI Development, LLC, Relief Defendant American National Investments, Inc., and their subsidiaries and affiliates (collectively, "Receivership Entities" or individually, a "Receivership Entity") in connection with the above-referenced Securities and Exchange Commission (the "SEC" or "Commission") enforcement action.

Among my duties as the Receiver is to oversee the administration of the claims process whereby each prospective claimant can submit a claim for payment of her/his/its net loss or other claim, which claim, if allowed by the Court, will be paid in accordance with a (yet to be filed) distribution plan. As presented in the Motion for, (1) Approval of Procedures for the Administration of Claims Against the Receivership Estate; (2) Setting Claims Bar Date; and (3) Approval of the Claims Bar Date Notice and Proof of Claim Forms (the "Claims Motion"), in order to determine the appropriate claim amount for each unique claimant and formulate a proposed plan for distributing receivership estate funds, an orderly process for the submission and review of claim information, and the determination of any disputed claims must be established. As such, the Receiver first sought Court approval of the Claims Motion and will later seek Court approval of a distribution plan in order to proceed with the actual distributions.

On October 14, 2021, the United States District Court approved the Claims Motion via the Order Granting Motion for, (1) Approval of Procedures for the Administration of Claims Against the Receivership Estate; (2) Setting Claims Bar Date; and (3) Approval of the Claims Bar Date Notice and Proof of Claim Forms ("Claims Process Order"). A copy of the Claims

Motion and Claims Process Order can be found on this website, www.anireceivership.com, or you can request a copy by phone at (619) 788-5602 or email at ani@ethreadvisors.com.

This Claims Bar Date Notice and Instructions for Proof of Claim Form serves as formal notice of the Claims Process Order, which among other things, requires that each claimant sign (under penalty of perjury) and submit the Proof of Claim Form and Substitute W9 form to the Receiver on or before **December 31, 2021** (the "Bar Date"). Should you fail to return the completed and signed Proof of Claim Form and W9 form on or before the Bar Date, your claim may be disallowed as untimely.

With regard to investor claimants, pursuant to the Claims Process Order, claims may include only the net amount of actual payments (known as money-in/money-out or "MIMO") and may not include any interest or principal amounts "reinvested", "compounded", "rolled over" or otherwise never actually paid out to you; it also does not include any accrued interest or legal fees you may have incurred.

All persons who wish to submit a claim are required to timely complete and return a Proof of Claim Form and W9 to my office.

Please note that if you receive any payments for any reason (between now and the distribution plan implementation) relating to your investment(s), the amount(s) of those payments will reduce your net MIMO balance for the purpose of the forthcoming distribution plan to be submitted for Court approval upon completion of this claims process.

Trade creditors and taxing authorities must also timely submit Proof of Claim Forms and W9 Forms to my office. Per the Claims Process Order and the Trade Creditor and Tax Proof of Claim Forms, each Trade Creditor who asserts a claim against the Receivership Entities for amounts due prior to the Receivership Appointment Date (September 3, 2019), must complete,

sign and submit the Proof of Claim Form with supporting documentation to my office on or before the Claims Bar Date. If approved, trade claims will only be allowed in the amount of the actual value of the goods or services provided prior to the Receivership Date.

With regard to both investor claimants and trade creditor claimants, please note that pursuant to the Claims Process Order, an allowed claim shall not include claims for interest, late fees, contract or other damages, legal fees, contingent or unliquidated damages, claims submitted by a Defendant or their present or former officer or director.

IF YOU INTEND TO SUBMIT A CLAIM, PLEASE READ, REVIEW, AND COMPLETE THE INVESTOR PROOF OF CLAIM FORM OR TRADE CREDITOR AND TAX PROOF OF CLAIM FORM AND RETURN A COPY, ALONG WITH THE ENCLOSED W9 FORM AND COPIES OF ALL SUPPORTING DOCUMENTATION, TO E3 ADVISORS, ATTN: ANI CLAIMS PROCESS ADMINISTRATOR AT 501 WEST BROADWAY, SUITE 290, SAN DIEGO, CA 92101. THESE FORMS MUST BE SIGNED AND RETURNED SUCH THAT THEY ARE RECEIVED NO LATER THAN DECEMBER 31, 2021.

Thank you for your assistance during the pendency of this process.

Very truly yours,

Krista L. Freitag
Court-Appointed Receiver

Enclosure

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
CASE NO. 3:19-cv-01628-LAB-AHG**

INVESTOR PROOF OF CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION

vs.

*GINA CHAMPION-CAIN; ANI DEVELOPMENT, LLC;
DEFENDANTS*

and

*AMERICAN NATIONAL INVESTMENTS, INC.;
RELIEF DEFENDANT*

THIS SPACE RESERVED FOR ADMINISTRATIVE
USE ONLY

**PLEASE READ THE ACCOMPANYING LETTER INSTRUCTIONS BEFORE COMPLETING
THIS FORM, IT MUST BE RETURNED ON OR BEFORE DECEMBER 31, 2021**

As reflected in Section 3 below, the Receiver has calculated the Net Loss Amount, the net amount of actual payments you made to and received from the Receivership Entities or others in connection with the scheme.

If the investor name and amounts listed in Section 3 below are consistent with your records, you do not need to provide any documents or further information; you need to simply complete and sign this Proof of Claim Form, complete and sign the enclosed W9 Form, and return both forms to: **E3 Advisors, Attn: ANI Claims Process Administrator, 501 West Broadway, Suite 290, San Diego, CA 92101.**

If your records are not consistent with the investor name or amounts listed in Section 3 below, you will need to provide further documentation, as described on the last page of this document. Please keep in mind that pursuant to the Court's order, an allowed claim shall not include claims for interest, late fees, contract or other damages, contingent or liquidated damages, or legal fees incurred.

The Receiver will review each Proof of Claim Form, attempt to resolve any questions or disputes directly with the claimant, and will ultimately make a recommendation to the Court to allow or disallow part or all of the claim. Claimants will receive notice and an opportunity to respond if the Receiver disagrees with the amount stated on their claim. For claims that are allowed, distributions will be made pursuant to a Court-approved distribution plan. The amount distributed will depend on the total amount of allowed claims, the total assets available for distribution, and the terms of the distribution plan.

Submission of a claim does not guarantee the claims will be allowed or any payment will be made. The claim must be allowed by the United States District Court for the Southern District of California ("Court").

ADDRESS OF CLAIMANT:

() Check this box **ONLY** if your current address or contact information has changed and, if so, please print your updated address and/or contact information here:

Updated Address: _____

Telephone No. of Claimant: _____

Email Address of Claimant: _____

() Check this box **ONLY** if you have an alternative contact for your investments. If so, please include all contact details here (you must also attach a Power of Attorney, Death Certificate, Trust Beneficiary, or other legal documentation, as applicable, which legally authorizes contact with such individual or entity):

Alternative Contact Name:

Alternative Contact Address:

Telephone No. of Alternative Contact: _____

Email Address of Alternative Contact: _____

Please complete the following:

1. Was your investment/loan made from an IRA account? YES / NO

If YES, please print the IRA Custodian name, address and phone number as well as your account number here:

Custodian Name and Address: _____

Telephone No. of Custodian: _____

Email Address of Custodian: _____

Account Number: _____

2. Name as it should appear on distribution check (if YES on Item 1. above, be certain to clarify if such payment is to be made payable to and sent directly to the IRA Custodian or to you individually):

Payee: _____

Payment Address (only IF different than address on file):

Payment Address: _____

NET LOSS CALCULATION(S):

According to the records of the Receivership Entities, it appears, you have made the following investments in and received the following payments from the Receivership Entities or others in connection with the scheme (to include payments to you made from Chicago Title):

DETAILED CHART ON FOLLOWING PAGE(S)

If the information above is not consistent with your records (investor name or amounts), you will need to provide corrected information in the same format as Section 3 above (attach additional sheets if necessary) and supporting documentation, further discussed below.

3. Supporting Documents: DO NOT SEND copies of supporting documents if you agree with the information listed in Section 3 above. However, if you dispute the investor name or amounts listed in Section 3 above, **DO SEND COPIES ONLY** of all documents which support your corrected investment information along with your completed and signed Proof of Claim and W9 Forms to: E3 Advisors, Attn: ANI Claims Process Administrator, 501 West Broadway, Suite 290, San Diego, CA 92101. Examples of supporting documentation include bank statements, canceled checks, wire transfer documents, contracts, email messages, or other written correspondence. If the Receiver has questions or needs further information, her office will contact you.

4. Date Stamped Copy: To receive an acknowledgement of the filing of your Proof of Claim Form, please enclose a stamped, self-addressed envelope and an additional copy of this Proof of Claim Form.

5. Signature: Sign and print the name and title, if any, of the claimant or other person authorized to file this claim (attach copy of power of attorney, death certificate, trust beneficiary, or other documents as needed). **YOU MUST PROVIDE AN ORIGINAL SIGNATURE.**

PLEASE NOTE that we cannot provide you with tax or legal advice relating to your claim. If you have concerns about the tax or legal implications of your claim, please contact an attorney or your tax advisor.

By Signing My/Our Name Below, I/We Acknowledge and Affirm that: I/we will supplement this Proof of Claim Form if any information given later becomes inaccurate or incomplete; I/we am/are a creditor of the Receivership Entities; I/we hereby affirm that the answers provided herein are truthful; and that I/we understand that this Proof of Form is submitted under penalty of perjury.

Date: _____, 2021

Signature: _____ Name: _____

Title (if any) _____

Signature: _____ Name: _____

Title (if any) _____

Signature: _____ Name: _____

Title (if any) _____

**Substitute FORM W-9
Taxpayer Identification Number Certification**

Social Security Number / Taxpayer Identification Number: _____

Exempt Payee Code (if any) _____ Exemption from FATCA reporting code (if any) _____

Check appropriate box for federal tax classification:

Individual C Corporation S Corporation Partnership Trust/estate Other

Limited Liability Company - choose tax classification C Corporation S Corporation Partnership

Print your name as it appears on your federal income tax return:

First Name and Last Name, for Individuals. Entity Name for businesses and trusts.

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature

of U.S. Person: _____ Date: _____