

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**

**TRADE CREDITOR 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, THIS FORM MUST BE COMPLETED AND
RETURNED ON OR BEFORE DECEMBER 31, 2021**

NAME AND ADDRESS OF CLAIMANT:

The submission of a Trade Creditor and Tax Claim Form does not guarantee that you will receive a distribution of any amount. Each claim will be reviewed by the Receiver, and the Receiver will then make a recommendation to the United States District Court for the Southern District of California ("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.

In submitting your claim, please keep in mind that an allowed claim shall not include claims for interest, late fees, contract or other damages, legal fees incurred, contingent or unliquidated damages. Furthermore, only claims for actual services provided or materials delivered to the Receivership Entities prior to the receivership will be considered.

I am submitting a claim as an/a (must check only one box):

- Trade Creditor or Vendor
- Employee (if selected, must complete Section II **and** Section VII below)
- Tax Agency (State, Federal or local taxing authority)
- Other. If Other, provide explanation: _____

Check this box ONLY if your current address has changed and, if so, please print updated address here:

Updated Address: _____

Telephone No. of Claimant: _____

Email Address of Claimant: _____

Tax I.D.: _____

Name as it should appear on distribution check:

Payee: _____

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

Payment Address: _____

DETAILED CHART ON FOLLOWING PAGE(S)

Supporting Documents: If you are a trade creditor, vendor, employee, taxing authority or other claimant, you are required to provide sufficient documentation supporting your claim; claims submitted without sufficient supporting documentation may be disallowed. Please send copies only and retain your original records; original materials provided to the Monitor will not be returned to you. Upon completion, be sure to keep a copy of your completed claim form and proof of mailing. Please send all documentation to: E3 Advisors, Attn: ANI Claims Process Administrator, 501 West Broadway, Suite 290, San Diego, CA 92101. If the Receiver has questions or needs further information, her office will contact you.

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

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 Claim 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: _____