

Fill in this information to identify the case:

Debtor Eiger BioPharmaceuticals, Inc
 United States Bankruptcy Court for the: Northern District of Texas
 (State)
 Case number 24-80040

**Official Form 410
 Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

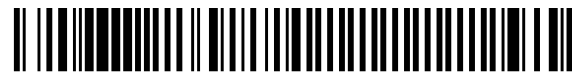
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>AOK Nordwest</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? AOK Nordwest Edisonstraße 70 Kiel, SH 24145, Germany Contact phone _____ Contact email <u>sabine.wrangel@nw.aok.de</u>	Where should payments to the creditor be sent? (if different) AOK-Bundesverband eGmbH Rosenthaler Straße 31 Berlin, BER 10178, Germany Contact phone _____ Contact email _____
(see summary page for notice party information) Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: BLA _____

7. How much is the claim? \$ 182,245.38. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Reimbursement for pharmaceutical products

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____	
* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.		
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?</p>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.	\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/19/2024
MM / DD / YYYY

/s/Alexander Nagel
Signature

Print the name of the person who is completing and signing this claim:

Name Alexander Nagel
First name Middle name Last name

Title Dr.

Company Gleiss Lutz Hootz Hirsch PartmB
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Dreischeibenhaus 1, Düsseldorf, NRW, 40211, Germany

Contact phone 004921164061330 Email alexander.nagel@gleisslutz.com



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1544 | International (310) 751-2638

Debtor: 24-80040 - Eiger BioPharmaceuticals, Inc District: Northern District of Texas, Dallas Division				
Creditor: AOK Nordwest Edisonstraße 70 Kiel, SH, 24145 Germany Phone: Phone 2: Fax: Email: sabine.wrangel@nw.aok.de	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:			
	Has Related Claim: No Related Claim Filed By:			
	Filing Party: Authorized agent			
Disbursement/Notice Parties: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> AOK-Bundesverband eGmbH Rosenthaler Straße 31 Berlin, BER, 10178 Germany Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS </td> <td style="width: 50%;"> Alexander Nagel Gleiss Lutz Hootz Hirsch PartmbB Dreischeibenhaus 1 Düsseldorf, NRW, 40211 Germany Phone: 004921154061-330 Phone 2: 00491727139934 Fax: 004921154061111 E-mail: alexander.nagel@gleisslutz.com </td> </tr> </table>			AOK-Bundesverband eGmbH Rosenthaler Straße 31 Berlin, BER, 10178 Germany Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS	Alexander Nagel Gleiss Lutz Hootz Hirsch PartmbB Dreischeibenhaus 1 Düsseldorf, NRW, 40211 Germany Phone: 004921154061-330 Phone 2: 00491727139934 Fax: 004921154061111 E-mail: alexander.nagel@gleisslutz.com
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Other Names Used with Debtor:		Amends Claim: No Acquired Claim: No		
Basis of Claim: Reimbursement for pharmaceutical products	Last 4 Digits: Yes - BLA	Uniform Claim Identifier:		
Total Amount of Claim: 182,245,38	Includes Interest or Charges: No			
Has Priority Claim: No	Priority Under:			
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:			

Submitted By:

Alexander Nagel on 19-Jul-2024 9:01:03 a.m. Eastern Time

Title:

Dr.

Company:

Gleiss Lutz Hootz Hirsch PartmB

Optional Signature Address:

Dreischeibenhaus 1

Düsseldorf, NRW, 40211

Germany

Telephone Number:

004921164061330

Email:

alexander.nagel@gleisslutz.com

AOK-Bundesverband eGbR | Postfach 11 02 46 | 10832 Berlin

Eiger Biopharmaceuticals
2155 Park Blvd
CA 94306 Palo Alto
USA

Gesprächspartner
Frau Sandra Blankenburg

Telefon
+49 30 34646 - 2359

Telefax
+49 30 34646 – 33 2359

E-Mail
rabattabrechnungen@bv.aok.de

Ihr Zeichen/Unser Zeichen
WI (3) BLA

Datum
17.07.2024

Vorab per E-Mail: emayer@eigerbio.com

Belegnummer 42403459
Zahlungsaufforderung zur Nacherstattung für Arzneimittel gemäß § 130b SGB V
im Auftrag der AOK NordWest

Sehr geehrte Damen und Herren,

für die in der Anlage genannten Arzneimittel ermittelt der AOK-Bundesverband auf Basis der zur Verfügung stehenden Abrechnungsdaten die seitens Ihres Unternehmens zu erstattenden Beträge. Die ordnungsgemäße Bevollmächtigung durch die AOK NordWest zur Durchführung der Be- und Abrechnung sowie der Entgegennahme der geltend gemachten Beträge wird versichert.

Für die unten aufgeführten Abrechnungszeiträume hat Ihr Unternehmen einen Nacherstattungsbetrag in Höhe von **169.736,16 €** zu begleichen. Die Grundlagen zur Ermittlung dieses Betrages können Sie der beigefügten Übersicht entnehmen.

Wir bitten Sie, den Gesamtbetrag unter Angabe der Belegnummer bis zum **21.08.2024** auf eines der unten genannten Konten zu überweisen.

Der gestellte Nacherstattungsbetrag wird vorbehaltlich weiterer Forderungen, die sich insbesondere durch gesetzliche, gerichtliche, aufsichtsbehördliche oder sonstige behördliche Maßnahmen ergeben, die die Berechnung des Erstattungsbetrages nach § 130b SGB V betreffen, für den ausgewiesenen Zeitraum auf das betreffende Arzneimittel erhoben. Bei verspätetem Zahlungseingang (verspäteter vaturalischer Gutschrift) fallen Verzugszinsen an.

Dieses Schreiben wurde maschinell erstellt und ist ohne Unterschrift gültig.

Anlage

Seite 1 von 2

AOK-Bundesverband eGbR - Telefon: 030 34646-0
Arbeitsgemeinschaft von Körperschaften des öffentlichen Rechts - Telefax: 030 34646-2502

Rosenthaler Straße 31
10178 Berlin

Vorsitzende des
Geschäftsführenden Vorstandes
Dr. Carola Reimann

Stellvertretender Vorsitzender des
Geschäftsführenden Vorstandes
Jens Martin Hoyer

Vorsitzende des Aufsichtsrates
Dr. Susanne Wagenmann, Knut Lambertin
(im jährlichen Wechsel)

Commerzbank AG
IBAN: DE30 3804 0007 0104 0005 00
BIC: COBADEFFXXX

Landesbank Hessen-Thüringen
IBAN: DE43 3005 0000 0004 0017 15
BIC: WELADEDXXX

Übersicht zu Zahlungsaufforderung
 AOK NordWest
 Eiger Biopharmaceuticals

PZN	Von	Bis	Arzneimittel	Anzahl Packungen	Zahlbetrag je Packung	Zahlbetrag
17852718	01.09.2023	30.11.2023	ZOKINVY 50 MG HART-KAPSELN	12	4.992,24 €	59.906,88 €
17852718	15.03.2023	31.08.2023	ZOKINVY 50 MG HART-KAPSELN	22	4.992,24 €	109.829,28 €
Gesamtbetrag						169.736,16 €

Benachrichtigung über Ihren Wechselkurs

Wechselkurs für EUR/USD vom 2024-04-01

Hiermit erhalten Sie Informationen über den aktuellen Wechselkurs.

169736.16 EUR = 182 245,38 USD

Dezimalstellen: 2 , Typ: Interbankenkurs ¹

1 EUR = 1,07 USD

Wechselkurs berechnen

Bitte beachten Sie, dass der angegebene Währungskurs den Kurs bei Börsenschluss des jeweiligen Vortages widerspiegelt.

Alle Angaben ohne Gewähr.