

**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**

<p><b>1. Who is the current creditor?</b></p>	<p><u>AOK Nordwest - Die Gesundheitskasse</u>  <small>Name of the current creditor (the person or entity to be paid for this claim)</small></p> <p>Other names the creditor used with the debtor _____</p>	
<p><b>2. Has this claim been acquired from someone else?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. From whom? _____</p>	
<p><b>3. Where should notices and payments to the creditor be sent?</b></p> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p><b>Where should notices to the creditor be sent?</b></p> <p><u>AOK Nordwest - Die Gesundheitskasse</u>  <u>Kopenhagener Str. 1</u>  <u>Dortmund, NRW 44269, Deutschland</u></p> <p>Contact phone _____                  Contact email <u>sabine.wrangel@nw.aok.de</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>AOK-Bundesverband eGbR</u>  <u>Rosenthaler Straße 31</u>  <u>Berlin, BER 10178, Germany</u></p> <p>Contact phone _____                  Contact email _____</p>
<p><b>(see summary page for notice party information)</b></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one):                  _____</p>		
<p><b>4. Does this claim amend one already filed?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>24-80040</u> Filed on <u>July 19, 2024</u>  <small>MM / DD / YYYY</small></p>	
<p><b>5. Do you know if anyone else has filed a proof of claim for this claim?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>Dr. Alexander Nagel</u></p>	



**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: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

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 07/24/2024  
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, Deutschland

Contact phone 004921154061330 Email alexander.nagel@gleisslutz.com



# Verita (KCC) ePOC Electronic Claim Filing Summary

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

<b>Debtor:</b> 24-80040 - Eiger BioPharmaceuticals, Inc <b>District:</b> Northern District of Texas, Dallas Division			
<b>Creditor:</b> AOK Nordwest - Die Gesundheitskasse Kopenhagener Str. 1  Dortmund, NRW, 44269 Deutschland <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> sabine.wrangel@nw.aok.de	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>		
	<b>Has Related Claim:</b> Yes <b>Related Claim Filed By:</b> Dr. Alexander Nagel		
	<b>Filing Party:</b> Authorized agent		
	<b>Disbursement/Notice Parties:</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">                     AOK-Bundesverband eGmbH                      Rosenthaler Straße 31                        Berlin, BER, 10178                      Germany  <b>Phone:</b>  <b>Phone 2:</b>  <b>Fax:</b>  <b>E-mail:</b>  <b>DISBURSEMENT ADDRESS</b> </td> <td style="width: 50%;">                     Alexander Nagel                      Gleiss Lutz Hootz Hirsch PartmbB                      Dreischeibenhaus 1                        Düsseldorf, NRW, 40211                      Germany  <b>Phone:</b>                      004921154061330  <b>Phone 2:</b>                      00491727139934  <b>Fax:</b>                      004921154061111  <b>E-mail:</b>                      alexander.nagel@gleisslutz.com                 </td> </tr> </table>		AOK-Bundesverband eGmbH Rosenthaler Straße 31  Berlin, BER, 10178 Germany <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>E-mail:</b> <b>DISBURSEMENT ADDRESS</b>
AOK-Bundesverband eGmbH Rosenthaler Straße 31  Berlin, BER, 10178 Germany <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>E-mail:</b> <b>DISBURSEMENT ADDRESS</b>	Alexander Nagel Gleiss Lutz Hootz Hirsch PartmbB Dreischeibenhaus 1  Düsseldorf, NRW, 40211 Germany <b>Phone:</b> 004921154061330 <b>Phone 2:</b> 00491727139934 <b>Fax:</b> 004921154061111 <b>E-mail:</b> alexander.nagel@gleisslutz.com		
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> Yes - 24-80040, July 19, 2024 <b>Acquired Claim:</b> No		
<b>Basis of Claim:</b> Reimbursement for pharmaceutical products	<b>Last 4 Digits:</b> Yes - BLA	<b>Uniform Claim Identifier:</b>	
<b>Total Amount of Claim:</b> 182,245,38	<b>Includes Interest or Charges:</b> No		
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>		
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b>  <b>Annual Interest Rate:</b>  <b>Arrearage Amount:</b>  <b>Basis for Perfection:</b>  <b>Amount Unsecured:</b>		

**Submitted By:**

Alexander Nagel on 24-Jul-2024 4:52:45 a.m. Eastern Time

**Title:**

Dr.

**Company:**

Gleiss Lutz Hootz Hirsch PartmB

**Optional Signature Address:**

Dreischeibenhaus 1

Düsseldorf, NRW, 40211

Deutschland

**Telephone Number:**

004921154061330

**Email:**

alexander.nagel@gleisslutz.com

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

Eiger Biopharmaceuticals  
2155 Park Blvd  
CA 94306 Palo Alto  
USAGesprächspartner  
Frau Sandra BlankenburgTelefon  
+49 30 34646 - 2359Telefax  
+49 30 34646 – 33 2359E-Mail  
rabattabrechnungen@bv.aok.deIhr Zeichen/Unser Zeichen  
WI (3) BLADatum  
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 34646-2502Rosenthaler Straße 31  
10178 BerlinVorsitzende des  
Geschäftsführenden Vorstandes  
Dr. Carola ReimannStellvertretender Vorsitzender des  
Geschäftsführenden Vorstandes  
Jens Martin HoyerVorsitzende des Aufsichtsrates  
Dr. Susanne Wagenmann, Knut Lambertin  
(im jährlichen Wechsel)Commerzbank AG  
IBAN: DE30 3804 0007 0104 0005 00  
BIC: COBADEFFXXXLandesbank 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 €
<b>Gesamtbetrag</b>						<b>169.736,16 €</b>

## 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 <sup>1</sup>

**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.



## Vollmacht

I/We, the undersigned, hereby grant Gleiss Lutz Hootz Hirsch PartmbB Rechtsanwälte, Steuerberater, a partnership of lawyers and tax advisors power of attorney in the matter of:

### **AOK NordWest – Die Gesundheitskasse ./ Eiger Biopharmaceuticals, Inc.**

This power of attorney confers the authority to take action of all kinds relating to the above matter, in particular to conduct legal proceedings within the meaning of sections 81 et seq. of the German Code of Civil Procedure through all the stages of the judiciary, including appeals and ancillary proceedings of all kinds (e.g. attachment, injunction, assessment of costs, collection of debts, and judicial enforcement); to file, withdraw and waive appeals, and to file and withdraw cross-complaints; to represent the undersigned in (preliminary) insolvency proceedings (main and secondary proceedings), to file for the opening of insolvency proceedings over the assets of third parties, to file insolvency claims, and to represent the undersigned in creditors' meetings; and to take receipt of and deliver monies, valuables, deeds and collateral.

This power of attorney confers the authority to end or avoid lawsuits and out-of-court negotiations by means of settlement, waiver or acknowledgement; to enter into, amend and cancel contracts; to make unilateral declarations of intent, e.g. terminations and declarations of avoidance, including vis-à-vis (preliminary) insolvency administrators; to appoint agents, to accept service and other communications; and to store and process personal data by electronic means to the extent necessary to duly perform the duties under this power of attorney.

Each proxy is entitled to take all measures and to make or receive all declarations which she/he deems necessary or appropriate in the context of insolvency proceedings over the assets of Eiger Biopharmaceuticals Inc. In particular, each proxy is entitled to represent the principal in all matters (without any restriction) vis-à-vis the insolvency court, the insolvency administrator, in creditors' meetings and/or vis-à-vis the authorities and bodies responsible in this case.

This power of attorney further confers the authority to represent the undersigned before the public authorities, the German Patent and Trademark Office and the Federal Patent Court. Concerning trademark matters for foreign clients, it also confers the authority to act as representatives within the meaning of section 96 of the German Trademark Act.

# Gleiss Lutz

## AOK NordWest – Die Gesundheitskasse:

Date: 2024-07-24

Name: Dr. Christoph Vauth

Position: stv. stellvertretender Vorstandsvorsitzender  
Deputy CEO

