

Fill in this information to identify the case:

Debtor 1 Eiger BioPharmaceuticals, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas

Case number 28-80040

- ☒ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

Official Form 410

Proof of Claim

12/15

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 of 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>Arch Specialty Insurance Company</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? <u>Francine Petrosino, Legal Assistant</u> Name <u>210 Hudson Street, Suite 300</u> Number Street <u>Jersey City</u> <u>NJ</u> <u>07311</u> City State ZIP Code Contact phone <u>201.743.4232</u> Contact email <u>fpetrosino@archinsurance.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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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 ____ / ____ / ____	
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? _____	

Uniform claim identifier for electronic payments in chapter 13 (if you use one):



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: see attached

7. How much is the claim? \$ Unliquidated, see attached 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.
Insurance Program (see attached)

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal 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 amounts should match the amount in line 7.)

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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: See attached

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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,475*) 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).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☒ Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ see attached

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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 acknowledgment 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 a 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 07/18/2024
MM / DD / YYYY

Francine Petrosino

Signature

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

Name Francine Petrosino
First name Middle name Last name

Title Legal Assistant

Company Arch Insurance Group Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 210 Hudson Street, Suite 300
Number Street

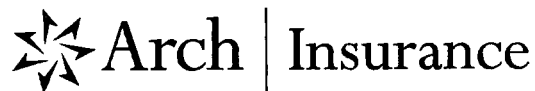
Jersey City, NJ 07311
City State ZIP Code

Contact phone 201.743.4232 Email fpetrosino@archinsurance.com

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Arch Insurance Group Inc.

Harborside 3
210 Hudson Street
Suite 300
Jersey City NJ 07311-1107

T: 201 743 4000
F: 201 743 4005

archinsurance.com

Francine Petrosino
Legal Assistant
Email: fpetrosino@archinsurance.com
Direct Tel: 201.743.4232

July 18, 2024

Via Federal Express

Eiger Claims Processing Center
c/o KCC dba Verita
222 N. Pacific Coast Highway
Suite 300
El Segundo, CA 90245

Re: Eiger BioPharmaceuticals, Inc.
Case No. 24-80040

To whom it may concern:

Enclosed please find Arch Specialty Insurance Company's proof of claim in the above referenced matter.

Please file stamp the extra copy and return in the self-addressed stamped envelope, also enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Francine Petrosino".

Francine Petrosino

Enclosure

In re Eiger BioPharmaceuticals, Inc.

Case No. 24-80041

United States Bankruptcy Court, Northern District of Texas

Chapter 11

Proof of Claim

(1)

This claim is filed in the Chapter 11 proceedings of *Eiger BioPharmaceuticals, Inc.* ("Debtor") by Arch Specialty Insurance Company ("Arch").

(2)

This claim arises from an insurance program maintained by Arch for the benefit of the Debtor ("Insurance Program"). Arch issued policies of insurance (collectively, the "Policies") for the benefit of the Named Insured Debtor and additional insureds, including, but not necessarily limited to, the policies listed on the attached Exhibit A.

In connection with the Policy, Arch and the Debtor(s) may have executed and/or delivered various agreements, including but not limited to binder letters, finance agreements, deductible reimbursement agreements, claims service agreements, and other addenda and undertakings between the parties (collectively, the "Agreements").

Pursuant to the Policy and the related Agreements, and subject to the terms and conditions thereof, Arch agreed to provide insurance and related services for the Debtor(s). Also pursuant to the Policy and Agreements, the Debtor(s) agreed, *inter alia*, to pay specified premium, loss reimbursement, deposits and other charges (collectively, the "Charges"). Certain Charges are auditable. For example, premium may be revised, up or down, to reflect changes to underwriting factors like number of employees, payroll and the like. Certain Changes may also be loss sensitive. That is to say, additional debits or credits may become owing, based upon ongoing claims experience under the Policy.

Additional information will be furnished by Arch upon reasonable request. The debt underlying this claim is incurred as and when liabilities arise under the Policy and other Agreements.

(3)

Arch asserts this claim for all amounts now or hereafter owing under the Insurance Program, Policy and Agreements. As stated above, the amounts owing under the Insurance Program, Policy and Agreements may be subject to further revision, based upon further audits, continued claims experience, and future reconciliations to be performed thereunder.

Arch reserves the right to amend this proof of claim at any time hereafter, either to state a liquidated balance (based upon actuarial projections of future loss development under the Insurance Program), or to revise such balance up or down, so as to reflect the most current audits, claims experience and/or other data impacting the liability under the program. Further, Arch reserves the right, at any time hereafter, to seek a judicial estimation of this claim pursuant to 11 U.S.C. § 502(c).

(4)

Pursuant to the Insurance Program, the Debtor(s) may have provided Arch security to secure Charges such as premium and reimbursement obligations. This claim is secured by any credits, and by any future credits that may arise under the Insurance Program, with such credits serving as Arch's collateral and by any other collateral. Arch reserves all rights of setoff and/or recoupment to the fullest extent possible.

(5)

To the extent any portion of this claim arises subsequent to the commencement of this Chapter 11 proceeding, such portion is entitled to administrative expense priority pursuant to 11 U.S.C. § 507(a)(2). Amounts to become due and owing under the Policy may continue after the commencement of this proceeding. These amounts may be subject to audit and recalculation. Arch asserts that this amount is entitled to administrative priority. Arch also reserves and asserts an unsecured claim for any amounts which are not secured nor entitled to priority status.

Exhibit A

	Policy No.	Term
Eiger BioPharmaceuticals Inc.	NPL0308041-00	11/18/2022 – 11/18/2023
Eiger BioPharmaceuticals Inc.	NPL0308225-00	11/18/2022 – 11/18/2023
Eiger BioPharmaceuticals Inc.	NPL030822501	11/18/2022 – 11/18/2023
Eiger BioPharmaceuticals Inc.	NPL0308225-02	11/18/2022 – 11/18/2023