

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

| | | |
|--|---|------------------------|
| IN RE: |) | CHAPTER 11 |
| |) | |
| THE ALIERA COMPANIES INC. |) | CASE NO. 21-11548-JTD |
| d/b/a Alieria Healthcare, Inc., et al., ¹ |) | |
| |) | (Jointly Administered) |
| Debtors. |) | |
| |) | |
| |) | |
| |) | |

**SCHEDULES OF ASSETS AND LIABILITIES FOR
THE ALIERA COMPANIES, INC. (CASE NO. 21-11548)**

¹ The jointly administered Debtors in these chapter 11 cases along with the last four digits of their federal tax identification number include: The Alieria Companies Inc. (9555) (Case No. 21-11548), Advevo LLC (6736) (Case No. 22-10124), Ensurian Agency LLC (3244) (Case No. 22-10123), Tactic Edge Solutions LLC (2923) (Case No. 22-10122) and USA Benefits & Administrators LLC (5803) (Case No. 22-10121).

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| THE ALIERA COMPANIES INC. |) | CASE NO. 21-11548-JTD |
| d/b/a Alieria Healthcare, Inc., et al., ¹ |) | |
| |) | (Jointly Administered) |
| Debtors. |) | |
| |) | |
| |) | |
| |) | |

**GLOBAL NOTES TO DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND
STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtors and debtors in possession (collectively, the “**Debtors**”), in the above-styled jointly administered case (the “**Case**”) submit their Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**SOFAs**”) pursuant to 11 U.S.C. § 521, and Rule 1007 of the Federal Rules of Bankruptcy Procedure.

1. These global notes (the “**Global Notes**”) regarding the Debtors’ Schedules and SOFAs comprise an integral part of the Schedules and SOFAs filed by the Debtors, and should be referenced in connection with any review of the Schedules and SOFAs.

2. As of December 3, 2021 or December 21, 2021 (as applicable), the date of commencement of the Debtors’ chapter 11 cases (the “**Petition Date**”), the Debtors’ had ceased all operations and terminated all employees. Access to corporate records which were stored electronically by third parties was no longer accessible. Additionally, in response to a subpoena from the US Attorney for the Northern District of Georgia, the Debtor turned over a server and several external hard drives containing a significant amount of corporate data. Only recently has the US Attorney returned the Debtors’ corporate data or have the Debtors been able to access some of the data stored by third parties. Notwithstanding the lack of institutional knowledge and the very limited access to records, the Debtors made a good faith effort to compile the information necessary to complete the Schedules and SFA.

3. The Schedules and SOFAs prepared by the Debtors are unaudited, and were prepared with data available to the Debtors as near as possible to the Petition Dates. Although the Debtors made every reasonable effort to ensure that the Schedules and SOFAs are accurate and complete based on information that was available to them at the time of preparation, inadvertent

¹ The jointly administered Debtors in these chapter 11 cases along with the last four digits of their federal tax identification number include: The Alieria Companies Inc. (9555) (Case No. 21-11548 and 22-10125), Advevo LLC (6736) (Case No. 22-10124), Ensurian Agency LLC (3244) (Case No. 22-10123), Tactic Edge Solutions LLC (2923) (Case No. 22-10122) and USA Benefits & Administrators LLC (5803) (Case No. 22-10121).

errors or omissions may exist, and subsequent information or discovery may result in material changes to the Schedules and SOFAs, including, but not limited to, the discovery of prepetition invoices that were not available at the time the Schedules and SOFAs were prepared. Accordingly, the Schedules and SOFAs remain subject to further review and verification by the Debtors, and the Debtors reserve the right to amend the Schedules and SOFAs from time-to-time as may be necessary or appropriate. Nothing contained in the Schedules and SOFAs shall constitute, or be deemed, a waiver of any rights, claims or defenses of the Debtors against any third party, or with respect to any aspect of these chapter 11 cases or any related litigation or arbitration. Except as otherwise agreed pursuant to a stipulation, agreed order, or general order entered by the Bankruptcy Court, nothing contained in the Schedules and SOFAs is intended or should be construed as an admission or stipulation of the validity of any claim against the Debtors, or as a waiver of the Debtors' rights to dispute any claim or assert any cause of action or defense against any party, and the Debtors reserve all rights to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim.

4. The Schedules and SOFAs do not purport to represent financial statements prepared in accordance with U.S. Generally Accepted Accounting Principles. The preparation of the Schedules and SOFAs required the Debtors to make estimates and assumptions with respect to the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities, and the reported amounts of any revenues and expenses during the applicable reporting periods. Actual results could differ from the Debtors' estimates.

5. Any failure to designate a claim on the Debtors' Schedules and/or SOFAs as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtors that such claim is not "disputed," "contingent" or "unliquidated." The Debtors reserve the right to dispute, or to assert offsets or defenses to, any claim reflected on their Schedules and SOFAs as to amount, liability, priority, secured or unsecured status, or classification, or to otherwise designate any claim as "disputed," "contingent" or "unliquidated" by filing and serving an appropriate amendment. The Debtors reserve the right to amend their Schedules and/or SOFAs as necessary and/or appropriate.

6. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations of all of their assets. Accordingly, unless otherwise indicated, net book values as of the Petition Date are reflected on the Schedules and SOFAs. For this reason, amounts ultimately realized may vary from net book value, and such variances may be material. In addition, the amounts shown for total liabilities exclude any items identified as "unknown" or "undetermined" and, thus, ultimate liabilities may differ materially from those stated in the Schedules and SOFAs. The Debtors reserve the right to amend or adjust the value of any asset or liability set forth in the Debtors' Schedules and SOFAs.

7. Despite reasonable efforts, the Debtors may not have identified and/or set forth all causes of action against third parties in their Schedules and SOFAs. The Debtors reserve any and all rights with respect to any causes of action they may have, and neither these Global Notes nor the Schedules and SOFAs shall be deemed a waiver of any such causes of action, nor may they be used in any litigation in these, or related to these, chapter 11 cases.

8. Information requested by the Schedules and SOFAs requires the Debtors to make judgments regarding the appropriate category in which information should be presented or how certain parties, claims or other data should be labeled. The Debtors' decisions regarding the category or label to use is based on the best information available as of the filing of these Schedules and SOFAs within the time constraints imposed by the Bankruptcy Code, Bankruptcy Rules and order of the Bankruptcy Court. The Debtors may have excluded certain immaterial assets and liabilities. The Debtors reserve the right to modify, change or delete any information in the Schedules and SOFAs by amendment, including to the extent some information currently presented should be moved to a different category or labeled in a different way.

9. These Global Notes are in addition to any specific notes set forth in the Schedules, SOFAs and/or herein. The fact that the Debtors may have prepared a specific note with respect to any of the Schedules and SOFAs and not to others should not be interpreted in any way, and specifically should not be interpreted as a decision by the Debtors to exclude the applicability of any Global Note to any of the Debtors' Schedules and SOFAs.

10. All totals that are included in the Schedules and SOFAs represent totals of the liquidated amounts for the individual schedule and/or SOFA entry for which they are listed. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total. The description of an amount as "unknown," "TBD," or "undetermined" is not intended to reflect upon the materiality of such amount.

11. The Debtors reserve the right to dispute or challenge whether creditors listed on Schedule E are entitled to priority claims. Also, the Debtors have omitted from their responses to SOFA question #3b payments made to employees within 90 days of the Petition Date.

12. The liabilities identified in Schedule F are derived from the Debtors' available books and records. The Debtors have made a good faith attempt to set forth their unsecured obligations, although the actual amount of claims against the Debtors may vary from those liabilities represented on Schedule F. The listed liabilities may not reflect the correct amount of any unsecured creditor's allowed claim or the correct amount of all unsecured claims. Parties in interest should not anticipate that the relationship of aggregate asset values and aggregate liabilities set forth in the Schedules and SOFAs will reflect their ultimate recoveries in these cases. Parties in interest should consult their own professionals and/or advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financials that the Debtors believe to be reasonable, actual liabilities and assets may deviate from the Schedules and SOFAs due to certain events that occur throughout the duration of these chapter 11 cases and upon the potential discovery of additional information.

13. The dollar amounts listed in Schedule F may be exclusive of contingent and unliquidated amounts. All parties to executory contracts and unexpired leases, including those listed on Schedule G, may hold contingent and unliquidated unsecured claims arising from (i) obligations under those executory contracts and unexpired leases and/or (ii) rejection damages in the event that any such executory contracts and unexpired leases are rejected.

14. While commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding the Debtors' executory contracts and unexpired leases, inadvertent errors,

omissions, or over-inclusions may have occurred. Listing a contract, lease or agreement on Schedule G does not constitute an admission that such contract, lease or agreement is an executory contract or unexpired lease or that such contract, lease or agreement was in effect on the Petition Date or is valid or enforceable. The Debtors reserve all of their rights to dispute the validity, effectiveness, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G (including, but not limited to, whether any lease is a true lease or financing arrangement) and to amend or supplement Schedule G as necessary.

15. The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, and supplemented from time to time by various amendments, restatement, waivers, estoppel certificates, letter and other documents, instruments, and agreements which may not be listed therein. Where the Debtors may be party to an agreement that has expired by its terms, but where all parties thereto continue to operate under the agreement, out of an abundance of caution the Debtors may have listed such agreement on Schedule G. The Debtors' inclusion of such contracts or agreements on Schedule G is not an admission that any such contract or agreement is an executory contract or unexpired lease.

16. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations may not be set forth separately on Schedule G. Nothing in Schedule G shall operate as a bar to the Debtors' right to treat such agreements as severable. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as easements, rights of way, subordination agreements, nondisturbance agreements, supplemental agreements, amendments, letter agreements, title agreements, and confidentiality agreements. Such documents may not be set forth on Schedule G. Schedule G may not include certain standalone purchase orders for goods or equipment or nondisclosure agreements.

17. Except as may be otherwise indicated in the SOFAs or the Schedules, the Debtors have included payments made during the one-year period preceding the Petition Date to persons deemed an "insider," as that term is defined in section 101(31) of the Bankruptcy Code. The Debtors do not take any position with respect to (a) any such person's influence over the control of the Debtors, (b) the management responsibilities or functions of any such person, (c) the decision-making or corporate authority of any such person, or (d) whether any such person could successfully argue that he or she is not an "insider" under applicable law.

18. Katie S. Goodman has executed the Declarations concerning the SOFAs and Schedules solely in her capacity as Chief Liquidation Officer of the Debtors.

19. The Debtors specifically reserve the right to amend, modify, supplement, correct, change, or alter any part of their Schedules, SOFAs and Global Notes as and to the extent necessary and as they deem appropriate.

Fill in this information to identify the case:Debtor name The Alera Companies, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-11548☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

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

Executed on 04/29/2022X /s/ Katie Goodman

Signature of individual signing on behalf of debtor

Katie Goodman

Printed name

Authorized Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name The Alera Companies, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-11548☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|--|-------------------------|
| 1a. Real property: | |
| Copy line 88 from <i>Schedule A/B</i> | \$ <u>0.00</u> |
| 1b. Total personal property: | |
| Copy line 91A from <i>Schedule A/B</i> | \$ <u>15,006,244.36</u> |
| 1c. Total of all property: | |
| Copy line 92 from <i>Schedule A/B</i> | \$ <u>15,006,244.36</u> |

Part 2: Summary of Liabilities

| | |
|--|---------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) | |
| Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ <u>0.00</u> |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: | |
| Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ <u>0.00</u> |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: | |
| Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ <u>612,240,080.17</u> |
| 4. Total liabilities | |
| Lines 2 + 3a + 3b | \$ <u>612,240,080.17</u> |

Fill in this information to identify the case:Debtor name The Alera Companies, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-11548☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Fresno First BankChecking1358\$960.303.2. SynovusChecking4638\$29,615.56**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$30,575.86**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

FPG Colonade LP**Dallas, The Colonade Tower 1, 15301 North Dalls Pkwy., Addison, TX 75001**7.1. Date Paid 03/23/2017\$6,731.38**US REIF Lakeside Commons Georgia, LLC****Lakeside Commons Lease**7.2. Date Paid 01/22/2018\$65,040.75

Debtor The Alieria Companies, Inc.
NameCase number (If known) 21-11548

| | | | | |
|------|--|--|--|---------------------|
| | | US REIF Lakeside Commons Georgia, LLC | | |
| | | Lakeside Commons Lease | | |
| 7.3. | | Date Paid 01/22/2018 | | \$400,000.00 |

| | | | | |
|------|--|---|--|--------------------|
| | | ROC III Fairlead Embassy Row Owner LLC | | |
| | | Embassy Row, Suite 100 and 500 | | |
| 7.4. | | Date Paid 03/22/2018 | | \$51,390.58 |

| | | | | |
|------|--|---|--|--------------------|
| | | ROC III Fairlead Embassy Row Owner LLC | | |
| | | Embassy Row, Suite 400 | | |
| 7.5. | | Date Paid 06/01/2018 | | \$46,504.54 |

| | | | | |
|------|--|--|--|-------------------|
| | | Palisades Office Park | | |
| | | Peachtree Dunwoody Road, Sandy Springs, Georgia | | |
| 7.6. | | Date Paid 2018 | | \$4,954.17 |

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

| | | | | |
|--|--|-------------------------------|--|-------------------|
| | | 8.1. Prepaid Insurance | | \$5,000.00 |
|--|--|-------------------------------|--|-------------------|

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

| |
|---------------------|
| \$579,621.42 |
|---------------------|

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

| | | | | Valuation method used for current value | Current value of debtor's interest |
|-------|--|---|----------------|--|---------------------------------------|
| 14. | | Mutual funds or publicly traded stocks not included in Part 1 | | | |
| | | Name of fund or stock: | | | |
| 15. | | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture | | | |
| | | Name of entity: | % of ownership | | |
| 15.1. | | Audax Group, LLC | 100 | % | Cash on Deposit |
| | | | | | \$671,435.52 |
| 15.2. | | Advevo, LLC | 100 | % | Unknown |

Debtor The Aliera Companies, Inc.
NameCase number (If known) 21-1154815.3. Ensurian Agency, LLC 100 % Unknown15.4. Tactic Edge Solutions, LLC 100 % Unknown15.5. USA Benefits & Administrators, LLC 100 % Unknown16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:17. **Total of Part 4.**\$671,435.52

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|--|---|------------------------------------|
| 39. | Office furniture | | | |
| | <u>Office Furniture</u> | <u>\$1,302,412.44</u> | <u>Estimated Liquidation Value</u> | <u>\$40,000.00</u> |
| 40. | Office fixtures | | | |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software | | | |
| | <u>Office Equipment</u> | <u>\$162,692.81</u> | | <u>Unknown</u> |

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**\$40,000.00

Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

Debtor **The Aliera Companies, Inc.**
NameCase number (If known) **21-11548**

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
☒ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available). | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1. 5901 Peachtree Dunwoody Road Suite B-200 Atlanta, GA 30328 | Leasehold Interest | Unknown | | Unknown |
| 55.2. 990 Hammond Drive Suite 700 Atlanta, GA 30328 | Leasehold Interest | Unknown | | Unknown |
| 55.3. 6600 Peachtree Dunwoody Road Bldg. 300 and 400 Atlanta, GA 30328 | Leasehold Interest | Unknown | | Unknown |
| 55.4. 15950 N. Dallas Pkwy. Suite 400 Dallas, TX 75248 | Leasehold Interest | Unknown | | Unknown |

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor The Aliera Companies, Inc.
NameCase number (If known) 21-11548**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|--|---|------------------------------------|
| 60. | Patents, copyrights, trademarks, and trade secrets Patents, Copyrights, Trademarks, Trade Names and Trade Secrets | Unknown | | Unknown |
| 61. | Internet domain names and websites Miscellaneous Domain Names | Unknown | | Unknown |
| 62. | Licenses, franchises, and royalties Licenses, Franchises and Royalties | Unknown | | Unknown |
| 63. | Customer lists, mailing lists, or other compilations Customer Lists, Mailing Lists and Other Compilations | Unknown | | Unknown |
| 64. | Other intangibles, or intellectual property Software | \$3,747,879.72 | | Unknown |
| 65. | Goodwill Goodwill | Unknown | | Unknown |
| 66. | Total of Part 10. Add lines 60 through 65. Copy the total to line 89. | | | \$0.00 |
| 67. | Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| 68. | Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 69. | Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Debtor The Aliera Companies, Inc.
NameCase number (If known) 21-11548Current value of
debtor's interest

| | | | | | | |
|-----|---|--|---|--|---|-----------------------|
| 71. | Notes receivable Description (include name of obligor) Shelley Steele - Total Face Amount of Note Receivable \$6,467,001.00 | <u>6,467,001.00</u> Total face amount | - | <u>Unknown</u> doubtful or uncollectible amount | = | <u>\$6,467,001.00</u> |
| | Payroll Loan to Chase Moses - Total Face Amount \$7,345.64 | <u>7,345.64</u> Total face amount | - | <u>Unknown</u> doubtful or uncollectible amount | = | <u>\$7,345.64</u> |
| | Payroll Loan to Amanda Anaya - Total Face Amount \$34,419.92 | <u>34,419.92</u> Total face amount | - | <u>Unknown</u> doubtful or uncollectible amount | = | <u>\$34,419.92</u> |
| 72. | Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local) Federal NOL | | | Tax year <u>2016-2017</u> | | <u>\$1,671,435.00</u> |
| | Federal Tax Refund | | | Tax year <u>2016-2020</u> | | <u>\$5,504,410.00</u> |
| 73. | Interests in insurance policies or annuities Scottsdale Insurance Company - D&O #EKS3376033 | | | | | <u>Unknown</u> |
| | Scottsdale Insurance Company - Employment Practices #EKS3376033 | | | | | <u>Unknown</u> |
| | Scottsdale Insurance Company - Fiduciary Liability #EKS3376033 | | | | | <u>Unknown</u> |
| | Zurich - Workers Compensation - Policy No. WC-3328625-02 Policy Term 04/21/2021 - 04/21/2022 | | | | | <u>Unknown</u> |
| | Zurich - Automobile Liability - Policy No. BAP-4463504-02 Policy Term 04/21/2021 - 04/21/2022 | | | | | <u>Unknown</u> |
| | Zurich - Umbrella Liability - Policy No. AUC-3116740-02 Policy Term 04/21/2021 - 04/21/2022 | | | | | <u>Unknown</u> |
| | Zurich - Commercial Package - Policy No. CPO-3232369-02 Policy Term 04/21/2021 - 04/21/2022 | | | | | <u>Unknown</u> |
| | Travelers - Crime - Policy No. 107250587 Policy Term 04/21/2021 - 04/21/2022 | | | | | <u>Unknown</u> |

Debtor The Aliera Companies, Inc.
NameCase number (If known) 21-11548Coalition - Cyber - Policy No.
C-4LPX-218456-CYBER-2021
Policy Term 04/21/2021 - 04/21/2022Unknown74. **Causes of action against third parties (whether or not a lawsuit has been filed)****Potential pre-petition causes of action against officers and directors including without limitation any potential claims arising from any error, omission, misleading statement, mis-statement, neglect or breach of duty**Unknown

Nature of claim _____

Amount requested _____

Potential causes of action under 11 U.S.C. Sections 544, 547 and 548 and other applicable laws arising from prepetition payments to and/or transactions with suppliers of goods and services and other third partiesUnknown

Nature of claim _____

Amount requested _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$13,684,611.5679. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **The Aliera Companies, Inc.**
NameCase number (If known) **21-11548****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$30,575.86 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$579,621.42 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$0.00 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$671,435.52 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$40,000.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$0.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$0.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$13,684,611.56 | |
| 91. Total. Add lines 80 through 90 for each column | \$15,006,244.36 | + 91b. \$0.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$15,006,244.36 |

Fill in this information to identify the case:

Debtor name **The Alera Companies, Inc.**

United States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) **21-11548**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:Debtor name **The Alera Companies, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**Case number (if known) **21-11548**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|---|--|---------------|-----------------|
| 2.1 | Priority creditor's name and mailing address DeKalb County Tax Commissioner 4380 Memorial Drive Suite 100 Decatur, GA 30032 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.2 | Priority creditor's name and mailing address Fulton County Tax Commissioner 141 Pryor Street Atlanta, GA 30303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 2.3 | Priority creditor's name and mailing address Georgia Department of Labor 148 Andrew Young Int'l Blvd. Suite 826 Atlanta, GA 30303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| | Date or dates debt was incurred | Basis for the claim: | | |
| | Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--------|---|------------------------|-----------------|
| Debtor | The Aliera Companies, Inc. Name | Case number (if known) | 21-11548 |
|--------|---|------------------------|-----------------|

| | | | | |
|---|---|--|---------------|---------------|
| 2.4 | Priority creditor's name and mailing address Georgia Department of Revenue 1800 Century Boulevard, NE Atlanta, GA 30345 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|--|--|---------------|---------------|
| 2.5 | Priority creditor's name and mailing address Internal Revenue Service Department of Treasury Ogden, UT 84201 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.6 | Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.7 | Priority creditor's name and mailing address Internal Revenue Service 401 W. Peachtree St., NW Stop 334-D Atlanta, GA 30308 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|---------------|---------------|
| 2.8 | Priority creditor's name and mailing address New York Dept of Tax/Finance c/o Coast Professional Inc. PO Box 2027 West Monroe, LA 71294 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor **The Aliera Companies, Inc.**
NameCase number (if known) **21-11548**

| | | | | |
|---|--|--|--------|--------|
| 2.9 | Priority creditor's name and mailing address Texas Comptroller of Pub Acct P.O. Box 149348 Austin, TX 78714-9348 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number | | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|--------|--------|
| 2.10 | Priority creditor's name and mailing address Utah Department of Labor 60 E. South Temple Street Salt Lake City, UT 84111-1016 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number | | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | | |
|---|---|--|--------|--------|
| 2.11 | Priority creditor's name and mailing address Utah Department of Revenue 210 N. 1950 W. Salt Lake City, UT 84134 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$0.00 | \$0.00 |
| Date or dates debt was incurred | | Basis for the claim: | | |
| Last 4 digits of account number | | Is the claim subject to offset? | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | Amount of claim |
|-------|--|---|-----------------|
| 3.1 | Nonpriority creditor's name and mailing address AAA Security Shredding Inc 1426 Briarcliff Drive Woodstock, GA 30189 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,240.00 |
| <hr/> | | | |
| 3.2 | Nonpriority creditor's name and mailing address Active Prospect, Inc. PO Box 151136 Austin, TX 78751-1139 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

Debtor **The Aliera Companies, Inc.**

Name

Case number (if known)

21-11548

| | | | |
|------|--|--|---------------------|
| 3.3 | Nonpriority creditor's name and mailing address Administration 123 668 N. Coast Highway #167 Laguna Beach, CA 92651 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.4 | Nonpriority creditor's name and mailing address ADP LLC P.O. Box 842875 Boston, MA 02284-2875 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,214.90 |
| 3.5 | Nonpriority creditor's name and mailing address Agent Cubed 1100 NW Compton Drive Hillsboro, OR 97006 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.6 | Nonpriority creditor's name and mailing address All Access Insurance 6306 Benjamin Road Tampa, FL 33634 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.7 | Nonpriority creditor's name and mailing address Allied Benefit Systems, Inc. 200 W. Adams St. Chicago, IL 60606 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$273.80 |
| 3.8 | Nonpriority creditor's name and mailing address Amazon Web Services Inc. 410 Terry Avenue North Seattle, WA 98109 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$211,227.01 |
| 3.9 | Nonpriority creditor's name and mailing address American Arbitration Associati 120 Broadway, Floor 21 Attn: Corp Finance New York, NY 10271 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,000.00 |
| 3.10 | Nonpriority creditor's name and mailing address AppRiver 1101 Gulf Breeze Parkway Suite 200 Gulf Breeze, FL 32561 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,441.83 |

Debtor **The Alieria Companies, Inc.**Case number (if known) **21-11548**

Name

| | | | |
|------|---|--|---------------------|
| 3.11 | Nonpriority creditor's name and mailing address Aramark P.O. Box 21971 New York, NY 10087-1971 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,075.63 |
| 3.12 | Nonpriority creditor's name and mailing address Arthur J. Gallagher Risk Management Services, Inc. PO Box 532143 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.13 | Nonpriority creditor's name and mailing address Austin Willard c/o Sirianni Youtz Spoonemore 3101 Western Ave, Ste 350 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$16,255.54 |
| 3.14 | Nonpriority creditor's name and mailing address Big Leaf Networks 2850 SW Cedar Hills Blvd Suite 130 Beaverton, OR 97005 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.15 | Nonpriority creditor's name and mailing address Birch, A Fusion Company 320 Interstate N. Pkwy, SE Suite 300 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.16 | Nonpriority creditor's name and mailing address BMO 111 W. Monroe Street Chicago, IL 60603 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$638,453.00 |
| 3.17 | Nonpriority creditor's name and mailing address Bondurant Mixon & Elmore LLP 1201 W. Peachtree St., NW Suite 3900 Atlanta, GA 30309 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$736,239.16 |

| | | | |
|--------|--|------------------------|-----------------|
| Debtor | The Alieria Companies, Inc. Name | Case number (if known) | 21-11548 |
|--------|--|------------------------|-----------------|

| | | | |
|------|--|---|-------------------|
| 3.18 | Nonpriority creditor's name and mailing address Bracewell LLP P.O. Box 207486 Dallas, TX 75320-7486 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,130.00 |
|------|--|---|-------------------|

| | | | |
|------|---|---|-------------------|
| 3.19 | Nonpriority creditor's name and mailing address Bridge Commercial Real Estate Five Concourse Parkway Suite 500 Atlanta, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,380.61 |
|------|---|---|-------------------|

| | | | |
|------|--|---|-----------------------|
| 3.20 | Nonpriority creditor's name and mailing address Burr Forman LLP 420 North 20th Street Suite 2400 Birmingham, AL 35203 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,518,422.06 |
|------|--|---|-----------------------|

| | | | |
|------|---|---|---------------|
| 3.21 | Nonpriority creditor's name and mailing address Business Wire 101 California Street 20th Floor San Francisco, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|---|---|---------------|

| | | | |
|------|--|---|---------------|
| 3.22 | Nonpriority creditor's name and mailing address CA Atty Gen Attn: A. Dybris California Dept of Justice 300 S. Spring Street, Ste 1702 Los Angeles, CA 90013 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|--|---|---------------|

| | | | |
|------|--|---|---------------|
| 3.23 | Nonpriority creditor's name and mailing address California Dept of Insurance Attn: Teresa R. Campbell 1901 Harrison St, 4th Floor Oakland, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|--|---|---------------|

| | | | |
|------|--|---|---------------|
| 3.24 | Nonpriority creditor's name and mailing address Canon Solutions America One Canon Park Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|--|---|---------------|

Debtor **The Alera Companies, Inc.**Case number (if known) **21-11548**

Name

3.25 Nonpriority creditor's name and mailing address

**CDI Managed Services
696 Route 46 West
Teterboro, NJ 07608**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.26 Nonpriority creditor's name and mailing address

**CDW Direct
PO Box 75723
Chicago, IL 60675-5723**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.27 Nonpriority creditor's name and mailing address

**Cherry Bekaert LLP
P.O. Box 25549
Richmond, VA 23260-5500**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$14,000.00**

3.28 Nonpriority creditor's name and mailing address

**CIEL Capital Group Inc.
c/o CT Corporation
289 S. Culver Street
Lawrenceville, GA 30046-4805**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.29 Nonpriority creditor's name and mailing address

**Cigna Dental & Vision
P.O. Box 644546
Pittsburgh, PA 15264-4546**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$474.48**

3.30 Nonpriority creditor's name and mailing address

**CIT
21146 Network Place
Chicago, IL 60673**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$31,447.16**

3.31 Nonpriority creditor's name and mailing address

**Claim DOC LLC
506 Third Street
Suite 200
West Des Moines, IA 50266**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

3.32 Nonpriority creditor's name and mailing address

**Claims Healthcare Solutions
3055 Lebanon Pike
Suite 1000
Nashville, TN 37214**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$0.00**

Debtor **The Alieria Companies, Inc.**Case number (if known) **21-11548**

Name

| | | | |
|------|---|--|-------------------|
| 3.33 | Nonpriority creditor's name and mailing address Coalition Insurance Solutions 1160 Battery Street Suite 350 San Francisco, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.34 | Nonpriority creditor's name and mailing address CT Corporation P.O. Box 4349 Carol Stream, IL 60197-4349 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,157.50 |
| 3.35 | Nonpriority creditor's name and mailing address David P. White 1706 Swann Street Northwest Washington, DC 20009 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,462.50 |
| 3.36 | Nonpriority creditor's name and mailing address Dean Mellom c/o Sirianni Youtz Spoonemore 3101 Western Ave., Ste 350 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,692.00 |
| 3.37 | Nonpriority creditor's name and mailing address Dell Financial Services One Dell Way Round Rock, TX 78682 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.38 | Nonpriority creditor's name and mailing address DenteMax, LLC 25925 Telegraph Road Suite 400 Southfield, MI 48033 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.39 | Nonpriority creditor's name and mailing address Dickman Davenport Inc. 3100 S. Trust Tower 420 N. 20th, Ste 3400 Birmingham, AL 35203 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$553.22 |

Debtor **The Alieria Companies, Inc.**
NameCase number (if known) **21-11548**

| | | | |
|------|---|---|---------------------|
| 3.40 | Nonpriority creditor's name and mailing address Digital Media Solutions DBA Forte Meda Solutions, LLC 4800 140th Ave North, Ste 101 Clearwater, FL 33762 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.41 | Nonpriority creditor's name and mailing address Domo, Inc. 772 E. Utah Valley Drive American Fork, UT 84003 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.42 | Nonpriority creditor's name and mailing address Dorencz 4212 NW 66th Drive Coconut Creek, FL 33073 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$121,089.64 |
| 3.43 | Nonpriority creditor's name and mailing address Duane Morris LLP 30 South 17th Street Philadelphia, PA 19103-4196 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$743,819.59 |
| 3.44 | Nonpriority creditor's name and mailing address Eagle Resource Group Inc. 5755 Glenridge Drive Atlanta, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,093.00 |
| 3.45 | Nonpriority creditor's name and mailing address Eckert Seamans Cherin & Mellot P.O. Box 5405 Princeton, NJ 08543 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$23,743.79 |
| 3.46 | Nonpriority creditor's name and mailing address Edge Business Systems LLC 1350 Northmeadow Pkwy Suite 130 Roswell, GA 30076 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.47 | Nonpriority creditor's name and mailing address Edgewood Partners Ins. Center P.O. Box 734005 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |

Debtor **The Alera Companies, Inc.**Case number (if known) **21-11548**

Name

| | | | |
|------|---|---|---------------------|
| 3.48 | Nonpriority creditor's name and mailing address EIToro.com LLC 552 East Market Louisville, KY 40202 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.49 | Nonpriority creditor's name and mailing address Enrollment123 Inc. DBA Administration 123 668 N. Coast Hwy #167 Laguna Beach, CA 92651 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.50 | Nonpriority creditor's name and mailing address FH Group Corp 23291 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.51 | Nonpriority creditor's name and mailing address First Call Telemedicine c/o CT Corporation 289 S. Culver Street Lawrenceville, GA 30046-4805 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.52 | Nonpriority creditor's name and mailing address First Choice Health Company 7125 Thomas Edison Drive Suite 102 Columbia, MD 21046 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.53 | Nonpriority creditor's name and mailing address First Health Group Corp. 10260 Meanley Drive San Diego, CA 92131 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.54 | Nonpriority creditor's name and mailing address Five 9, Inc. 4000 Executive Parkway Suite #400 San Ramon, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$115,181.31 |

Debtor **The Aliera Companies, Inc.**Case number (if known) **21-11548**

Name

| | | | |
|------|--|---|------------------------|
| 3.55 | Nonpriority creditor's name and mailing address FPG Colonnade LP 45 Main Street Suite 800 Brooklyn, NY 11201 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,182.31 |
| 3.56 | Nonpriority creditor's name and mailing address Gaston Alvarez Inc. dba Team Alvarez Insurance 1971 E 4th Street, Suite 200 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.57 | Nonpriority creditor's name and mailing address GBT US, LLC 14635 N. Kierland Blvd 13-01-72 Scottsdale, AZ 85254 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$627.71 |
| 3.58 | Nonpriority creditor's name and mailing address Gerald & Roslyn Jackson c/o Sirianni Youtz Spoonemore 3101 Western Ave., Ste 350 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Default Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$12,582.00 |
| 3.59 | Nonpriority creditor's name and mailing address Gerald Jackson, Roslyn Jackson c/o Sirianni Youtz Spoonemore 3101 Western Ave., Ste 350 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$21,352,827.08 |
| 3.60 | Nonpriority creditor's name and mailing address Gingold Law Firm PLLC 400 Harborview Drive SE #237 Bainbridge Island, WA 98110-2467 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$8,947.50 |
| 3.61 | Nonpriority creditor's name and mailing address GreatAmerica Financial Svcs P.O. Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,981.56 |

Debtor **The Aliera Companies, Inc.**Case number (if known) **21-11548**

Name

| | | | |
|------|---|--|-----------------------|
| 3.62 | Nonpriority creditor's name and mailing address Hanna Albina & Austin Willard c/o Sirianni Youtz Spoonemore 3101 Western Ave., Ste 350 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,679,868.46 |
| 3.63 | Nonpriority creditor's name and mailing address HB Solutions 3600 Schooner Ridge Alpharetta, GA 30005 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.64 | Nonpriority creditor's name and mailing address Health Benefits One LLC 2 Oakwood Blvd Suite 100 Hollywood, FL 33020 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.65 | Nonpriority creditor's name and mailing address Healthcare Solutions 30 Nagog Park Drive #105 Acton, MA 01720 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.66 | Nonpriority creditor's name and mailing address HealthEdge Software Inc. 30 Corporate Drive Burlington, MA 01803 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.67 | Nonpriority creditor's name and mailing address HealthMarkets Insurance Agency 9151 Boulevard 26 North Richland Hills, TX 76180 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.68 | Nonpriority creditor's name and mailing address HealthScope Benefits Inc. 27 Corporate Hill Drive Little Rock, AR 72211 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$106,200.83 |

Debtor **The Aliera Companies, Inc.**
NameCase number (if known) **21-11548**

| | | | |
|------|--|--|---------------------|
| 3.69 | Nonpriority creditor's name and mailing address Highland Health Direct LLC 7601 N. Federal Hwy. Suite 230B Boca Raton, FL 33487 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.70 | Nonpriority creditor's name and mailing address InterOperability Bidco, Inc. dba Rhapsody 100 High Street, Suite 1560 Boston, MA 02110-1734 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.71 | Nonpriority creditor's name and mailing address IPFS Corporation 1122 Lady St. #1080 Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$41,972.20 |
| 3.72 | Nonpriority creditor's name and mailing address Jackson Murdo Grant PC 203 North Ewing Street Helena, MT 59601 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,534.50 |
| 3.73 | Nonpriority creditor's name and mailing address James Eddie Black 811 Holley Drive Albany, GA 31705 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$161,395.84 |
| 3.74 | Nonpriority creditor's name and mailing address Joseph Korom 16600 18 Mile Road Clinton Township, MI 48038 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.75 | Nonpriority creditor's name and mailing address Kansas Attorney General Attn: Lynette Goodman 120 S.W. 10th Ave., Ste 430 Topeka, KS 66612-1597 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

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| Debtor | The Alera Companies, Inc. Name | Case number (if known) | 21-11548 |
|--------|--|------------------------|-----------------|

| | | | |
|------|---|---|-----------------|
| 3.76 | Nonpriority creditor's name and mailing address Krohne Tanks and Ponds LLC 3069 Mountain Shadow Way Marietta, GA 30064 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$285.00 |
|------|---|---|-----------------|

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| 3.77 | Nonpriority creditor's name and mailing address Kronshage 15127 Draper Road Houston, TX 77014 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$185,000.00 |
|------|--|---|---------------------|

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|------|--|---|--------------------|
| 3.78 | Nonpriority creditor's name and mailing address Kutak Rock LLP 1650 Farnam Street P.O. Box 30057 Omaha, NE 68103-1157 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,185.00 |
|------|--|---|--------------------|

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|------|--|---|---------------|
| 3.79 | Nonpriority creditor's name and mailing address Lava Vein 1000 NW 112th Terrace Gainesville, FL 32606 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|--|---|---------------|

| | | | |
|------|---|---|--------------------|
| 3.80 | Nonpriority creditor's name and mailing address Lewis Brisbois Bisgaard Smith LLP 633 West 5th St., Ste 4000 Los Angeles, CA 90071 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$22,220.00 |
|------|---|---|--------------------|

| | | | |
|------|--|---|-----------------|
| 3.81 | Nonpriority creditor's name and mailing address Life Insurance Company of North America P.O. Box 782447 Philadelphia, PA 19178-2447 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$984.72 |
|------|--|---|-----------------|

| | | | |
|------|---|---|---------------|
| 3.82 | Nonpriority creditor's name and mailing address LinkedIn Corporation 62228 Collections Center Drive Chicago, IL 60693-0622 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|------|---|---|---------------|

| | | | |
|------|---|---|--------------------|
| 3.83 | Nonpriority creditor's name and mailing address Maria Guzman Escobio 1315 Dresden Dr. West Charlotte, NC 28205 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$25,218.10 |
|------|---|---|--------------------|

Debtor **The Aliera Companies, Inc.**Case number (if known) **21-11548**

Name

| | | | |
|------|---|---|--------------------|
| 3.84 | Nonpriority creditor's name and mailing address Mary Amundsan Broker Source 4601 College Blvd., Suite 210 Leawood, KS 66211 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.85 | Nonpriority creditor's name and mailing address McGuire Woods Consulting 800 E. Canal Street 23219-3916 Richmond, VA 23219-3916 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$35,000.00 |
| 3.86 | Nonpriority creditor's name and mailing address Meadows Collier Reed Cousins Crouch & Ungerman LLP 901 Main Street, Ste 3700 Dallas, TX 75202 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$53,157.93 |
| 3.87 | Nonpriority creditor's name and mailing address Medical Evaluation Specialists 100 Morse Street Norwood, MA 02062 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.88 | Nonpriority creditor's name and mailing address MI Dept of Ins & Fin Svcs Attn: Dustin Simon 530 W. Allegan St #7 Lansing, MI 48933 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.89 | Nonpriority creditor's name and mailing address Minnesota Dept of Commerce Attn: Cam Jenkins 85 7th Place East, Ste 280 Saint Paul, MN 55101 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.90 | Nonpriority creditor's name and mailing address Missouri Ins Mrkt Reg Division Attn: Rob Tilman 301 West High St., Rm 530 Jefferson City, MO 65101 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

Debtor **The Aliera Companies, Inc.**Case number (if known) **21-11548**

Name

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| 3.91 | Nonpriority creditor's name and mailing address National Family Assurance Grp 11400 SE 8th Street Suite 360 Bellevue, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.92 | Nonpriority creditor's name and mailing address Nelson Taplin Goldwater Inc 1555 Palm Beach Lakes Blvd Suite 1510 West Palm Beach, FL 33401 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$217,748.81 |
| 3.93 | Nonpriority creditor's name and mailing address Net Planner Systems Inc. 3145 Northwoods Parkway Ste 800 Norcross, GA 30071 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,756.50 |
| 3.94 | Nonpriority creditor's name and mailing address New Relic 188 Spear Street Suite 1200 San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.95 | Nonpriority creditor's name and mailing address NextGen Leads, LLC 701 B Street Suite 1255 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.96 | Nonpriority creditor's name and mailing address NY Dept of Financial Svcs Attn: Alison Passer One State Street New York, NY 10004 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.97 | Nonpriority creditor's name and mailing address Nyemaster Goode PC 700 Walnut Street Suite 1600 Des Moines, IA 50309 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$70,896.37 |

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Name

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| 3.98 | Nonpriority creditor's name and mailing address Object Frontier, Inc. 3025 Woodward Plaza Suite 525 Alpharetta, GA 30005 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.99 | Nonpriority creditor's name and mailing address Offl Comm. of Sharity Members Stevens & Lee; Attn: J. Huston 919 N. Market St., Ste 1300 Wilmington, DE 19801 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.100 | Nonpriority creditor's name and mailing address Ogletree Deakins P.O. Box 89 Columbia, SC 29209 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$9,697.46 |
| 3.101 | Nonpriority creditor's name and mailing address One Coverage 136 W 12300 S #200 Draper, UT 84020 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.102 | Nonpriority creditor's name and mailing address One Share Health LLC 3701 Regent Blvd, Ste 100 Attn: Buddy Combs, Esq. Irving, TX 75063 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,750,000.00 |
| 3.103 | Nonpriority creditor's name and mailing address PA Ins. Dept. Bur of Licensing Attn: Craig D. Canfield 1227 Strawberry Square Harrisburg, PA 17120 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.104 | Nonpriority creditor's name and mailing address Pitney Bowes 2225 American Drive Neenah, WI 54956-1005 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

| Debtor | The Aliera Companies, Inc. | | Case number (if known) | 21-11548 |
|--------|--|---|------------------------|--------------|
| | Name | | | |
| 3.105 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$0.00 |
| | PMG Net Inc. 211 Perimeter Center Pkwy Suite 450 Atlanta, GA 30346 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3.106 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$5,839.59 |
| | POP Property Owner LLC 5901-C Peachtree Dunwoody Rd Ste 155 Atlanta, GA 30328 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3.107 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$0.00 |
| | Portland Benefits Group LLC 8196 SW Hall Blvd Suite 300 Beaverton, OR 97008 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3.108 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$0.00 |
| | Principal Financial Group PO Box 14481 Des Moines, IA 50306-3481 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3.109 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$0.00 |
| | Quadient Finance USA, Inc. PO Box 6813 Carol Stream, IL 60197-6813 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3.110 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$0.00 |
| | Quest Software Inc. 4 Polaris Way Aliso Viejo, CA 92656 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3.111 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$68,940.00 |
| | Quotit P.O. Box 6539 Beaverton, OR 97007 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3.112 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | | \$223,335.72 |
| | Rath Young & Pignatelli PC P.O. Box 1500 Concord, NH 03302-1500 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Date(s) debt was incurred _ | Basis for the claim: _ | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor **The Alera Companies, Inc.**

Name

Case number (if known)

21-11548

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| 3.113 | Nonpriority creditor's name and mailing address Ray Gutierrez 3905 Briones Street Austin, TX 78723 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$161,395.84 |
| 3.114 | Nonpriority creditor's name and mailing address Ready Refresh by Nestle 6661 Dixie Highway Suite 4 Louisville, KY 40258 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.115 | Nonpriority creditor's name and mailing address ReadyRefresh by Nestle P.O. Box 856192 Louisville, KY 40285-6192 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10.76 |
| 3.116 | Nonpriority creditor's name and mailing address RedCard Systems LLC 744 Office Parkway Saint Louis, MO 63141 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$13,827.00 |
| 3.117 | Nonpriority creditor's name and mailing address Relx P.O. Box 733106 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,756.00 |
| 3.118 | Nonpriority creditor's name and mailing address ROC III Fairlead Embassy Row Owner LLC Five Councouse Pkwy, Ste 500 Atlanta, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$314,971.07 |
| 3.119 | Nonpriority creditor's name and mailing address RSM US LLP 5155 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,448.13 |
| 3.120 | Nonpriority creditor's name and mailing address Sage Intacct, Inc. 300 Park Avenue Suite 1400 San Jose, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

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| Debtor | The Aliera Companies, Inc. Name | Case number (if known) | 21-11548 |
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| 3.121 | Nonpriority creditor's name and mailing address Schreimann Rackers & Francka L 931 Wildwood Drive Suite 201 Jefferson City, MO 65109 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,457.00 |
|-------|---|---|-------------------|

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| 3.122 | Nonpriority creditor's name and mailing address Scottsdale Insurance Company One Nationwide Plaza Columbus, OH 43215 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.123 | Nonpriority creditor's name and mailing address Select One Group 7516 Wisteria Valley Drive Austin, TX 78739 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.124 | Nonpriority creditor's name and mailing address Sharity Ministries Inc. Liquidating Trust c/o Eleanor Hamburger Sirianni Youtz Spoonmore Hamburger 3101 Western Avenue Suite 350 Seattle, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
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| 3.125 | Nonpriority creditor's name and mailing address Sharity Ministries, Inc. 821 Atlanta Street Suite 124 Roswell, GA 30075 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$574,736,000.00 |
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| 3.126 | Nonpriority creditor's name and mailing address Sheppard Mullin Richter & Hampton 2200 Ross Ave., Ste 2400 Dallas, TX 75201 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$20,786.00 |
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| 3.127 | Nonpriority creditor's name and mailing address Shumate Mechanical 2805 Premiere Parkway Duluth, GA 30097 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$924.00 |
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| | | | |
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| 3.128 | Nonpriority creditor's name and mailing address Sierra Insurance Sierra Insurance Marketing LLC PO Box 955 Elkhorn, WI 53121-0955 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.129 | Nonpriority creditor's name and mailing address Sippapu 3219 E Camelback Road Suite 552 Phoenix, AZ 85018 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.130 | Nonpriority creditor's name and mailing address Specialist Resources Global dba Emids Technologies 318 Seaboard Lane, Suite 110 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$768,092.50 |
| 3.131 | Nonpriority creditor's name and mailing address Spirit FM 717 South Dale Mabry Hwy Tampa, FL 33609 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.132 | Nonpriority creditor's name and mailing address Step toe & Johnson LLP 1330 Connecticut Avenue NW Washington, DC 20036 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$111,540.94 |
| 3.133 | Nonpriority creditor's name and mailing address Steve Vermaak 2477 North Forest Drive Marietta, GA 30062 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$378,271.51 |
| 3.134 | Nonpriority creditor's name and mailing address Texas Attorney General Attn: Patrick Sweeten P.O. Box 12548 (MC-009) Austin, TX 78711-2548 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

Debtor **The Aliera Companies, Inc.**

Name

Case number (if known) **21-11548**

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|-------|--|--|--------------------|
| 3.135 | Nonpriority creditor's name and mailing address The Advocacy Group at Cardenas Ptr LLC 204 South Monroe Street Tallahassee, FL 32301 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$50,000.00 |
| 3.136 | Nonpriority creditor's name and mailing address The Royak Group, Inc. 6455 East Johns Crossing Ste 285 Duluth, GA 30097 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$17,920.00 |
| 3.137 | Nonpriority creditor's name and mailing address Thomson Reuters-West Payment Center P.O. Box 6292 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,521.56 |
| 3.138 | Nonpriority creditor's name and mailing address TIAA Commercial Finance Inc 1700 Lincoln St, Lower Level 3 Dept 1608 Denver, CO 80203 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,679.36 |
| 3.139 | Nonpriority creditor's name and mailing address Travelers Bond & Specialty Ins PO Box 2989 Hartford, CT 06104-2989 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.140 | Nonpriority creditor's name and mailing address U.S. Attorney N.D. Ga Attn: Alex R. Sistla, AUSA 75 Ted Turner Dr SW., Ste 600 Atlanta, GA 30303 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.141 | Nonpriority creditor's name and mailing address U.S. Dept. of Labor Atlanta Reg Ofc, Attn: Holley Morris 61 Forsyth St., Ste 7B54 Atlanta, GA 30303 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

| | | | |
|--------|---|------------------------|-----------------|
| Debtor | The Aliera Companies, Inc. Name | Case number (if known) | 21-11548 |
|--------|---|------------------------|-----------------|

| | | | |
|-------|--|---|-----------------|
| 3.142 | Nonpriority creditor's name and mailing address Uline P.O. Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$376.59 |
|-------|--|---|-----------------|

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|-------|--|---|---------------|
| 3.143 | Nonpriority creditor's name and mailing address US Reif Lakeside Commons GA c/o Intercontinental Real Est 1270 Soldiers Field Road Boston, MA 02135 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|--|---|---------------|

| | | | |
|-------|---|---|---------------|
| 3.144 | Nonpriority creditor's name and mailing address Vertafore, Inc. 24431 Network Place Chicago, IL 60673-1244 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|---|---|---------------|

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|-------|--|---|---------------------|
| 3.145 | Nonpriority creditor's name and mailing address Victory Transportation 3829 Manitou Drive Houston, TX 77013 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$157,000.00 |
|-------|--|---|---------------------|

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|-------|---|---|---------------|
| 3.146 | Nonpriority creditor's name and mailing address W4 Holding Company LLC 11833 Mississippi Ave Los Angeles, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|---|---|---------------|

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|-------|--|---|---------------|
| 3.147 | Nonpriority creditor's name and mailing address WA State Off of the Ins Comm Attn: Darryl E. Colman P.O. Box 40255 Olympia, WA 98504-0255 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: For Notice Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|--|---|---------------|

| | | | |
|-------|---|---|--------------------|
| 3.148 | Nonpriority creditor's name and mailing address Wall McLean & Gallagher PLLC 40 W. Lawrence, Ste. B P.O. Box 1713 Helena, MT 59601 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$22,348.99 |
|-------|---|---|--------------------|

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| 3.149 | Nonpriority creditor's name and mailing address Waystar 1311 Solutions Center Chicago, IL 60677-1311 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|---|---|---------------|

| | | | |
|--------|--|------------------------|-----------------|
| Debtor | The Alieria Companies, Inc. Name | Case number (if known) | 21-11548 |
|--------|--|------------------------|-----------------|

| | | | |
|-------|---|---|-------------------|
| 3.150 | Nonpriority creditor's name and mailing address Wintrow & Associates PC P.O. Box 6398 Marietta, GA 30065 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,300.00 |
|-------|---|---|-------------------|

| | | | |
|-------|---|---|---------------|
| 3.151 | Nonpriority creditor's name and mailing address Zurich American Insurance 1299 Zurich Way Schaumburg, IL 60196 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|---|---|---------------|

| | | | |
|-------|--|--|---------------|
| 3.152 | Nonpriority creditor's name and mailing address Angela Cappiello c/o Joseph Mueller Abbey Adams Byelic & Mueller, LLP 3201 US Highway 19 South 9th Floor St. Petersburg, FL 33711 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|--|--|---------------|

| | | | |
|-------|--|--|---------------|
| 3.153 | Nonpriority creditor's name and mailing address Bob Gualtieri Sheriff of Pinellas County, Florida 3201 34th Street South 9th Floor St. Petersburg, FL 33711 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|--|--|---------------|

| | | | |
|-------|--|--|---------------|
| 3.154 | Nonpriority creditor's name and mailing address Commonwealth of Kentucky Office of the Attorney General Office of Senior Protection and Mediation 1024 Capital Center Drive Frankfort, KY 40601 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|--|--|---------------|

| | | | |
|-------|--|--|---------------|
| 3.155 | Nonpriority creditor's name and mailing address Commonwealth of Pennsylvania c/o Christopher R. Monahan Deputy Insurance Commissioner 1326 Strawberry Square Harrisburg, PA 17120 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
|-------|--|--|---------------|

Debtor **The Alieria Companies, Inc.**Case number (if known) **21-11548**

Name

3.156 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Corlyn Duncan and Bruce Duncan
c/o Eleanor Hamburger and Richard E. Spoonemore
Sirianni Youtz Spoonemore Hamburger
3101 Western Avenue
Suite 350
Seattle, WA 98121

Date(s) debt was incurred __

Last 4 digits of account number __

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: __

Is the claim subject to offset? ☒ No ☐ Yes

3.157 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Laura Marie Jordan
c/o Robert J. Dwyer
Law Offices of Gilsleider, McMahon,
Molinelli & Phan
14140 Ventura Blvd.
Suite 301
Sherman Oaks, CA 91423

Date(s) debt was incurred __

Last 4 digits of account number __

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: __

Is the claim subject to offset? ☒ No ☐ Yes

3.158 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Cheryl C. Nield, Hearing Officer
Division of Insurance Market Regulation
301 W. High Street, Room 530
PO Box 690
Jefferson City, MO 65102

Date(s) debt was incurred __

Last 4 digits of account number __

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: __

Is the claim subject to offset? ☒ No ☐ Yes

3.159 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Charles Sparks
c/o J. Colby Jones
Downey & Cleveland LLP
288 Washington Ave.
Marietta, GA 30060

Date(s) debt was incurred __

Last 4 digits of account number __

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: __

Is the claim subject to offset? ☒ No ☐ Yes

3.160 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

George T. Kelly, III
c/o Eleanor Hamburger, Ann E. Merryfield
and Richard E. Spoonemore
Sirianni Youtz Spoonemore Hamburger
3101 Western Avenue
Suite 350
Seattle, WA 98121

Date(s) debt was incurred __

Last 4 digits of account number __

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: __

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **The Alieria Companies, Inc.**
NameCase number (if known) **21-11548**

3.161 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Jon and Julie Perrin
c/o Eleanor Hamburger and Richard E. Spoonemore
Sirianni Youtz Spoonemore Hamburger
3101 Western Avenue
Suite 350
Seattle, WA 98121

☒ Contingent
☒ Unliquidated
☒ Disputed

Date(s) debt was incurred __ **Basis for the claim: __**
 Last 4 digits of account number __ Is the claim subject to offset? ☒ No ☐ Yes

3.162 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Greg Brown
c/o Richard J.W. Nunez
Law Offices of Richard J.W. Nunez
144 E. Price Road
Brownsville, TX 78521

☒ Contingent
☒ Unliquidated
☒ Disputed

Date(s) debt was incurred __ **Basis for the claim: __**
 Last 4 digits of account number __ Is the claim subject to offset? ☒ No ☐ Yes

3.163 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Kristin Meador and Nicholas Meador
c/o Nicholas K. Meador
The Meador Law Firm
1420 Strassner
St. Louis, MO 63144

☒ Contingent
☒ Unliquidated
☒ Disputed

Date(s) debt was incurred __ **Basis for the claim: __**
 Last 4 digits of account number __ Is the claim subject to offset? ☒ No ☐ Yes

3.164 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Maria Moeller and Ron Moeller
c/o John M. Morrison and Anne E. Sherwood
Morrison, Sherwood, Wilson & Deola PLLP
401 N. Last Chance Gulch
PO Box 557
Helena, MT 59624

☒ Contingent
☒ Unliquidated
☒ Disputed

Date(s) debt was incurred __ **Basis for the claim: __**
 Last 4 digits of account number __ Is the claim subject to offset? ☒ No ☐ Yes

3.165 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

New Hampshire Insurance Department
21 S. Fruit Street, #14
Concord, NH 03301

☒ Contingent
☒ Unliquidated
☒ Disputed

Date(s) debt was incurred __ **Basis for the claim: __**
 Last 4 digits of account number __ Is the claim subject to offset? ☒ No ☐ Yes

3.166 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Rebecca Smith
c/o Eleanor Hamburger and Richard E. Spoonemore
Sirianni Youtz Spoonemore Hamburger
3101 Western Avenue
Suite 350
Seattle, WA 98121

☒ Contingent
☒ Unliquidated
☒ Disputed

Date(s) debt was incurred __ **Basis for the claim: __**
 Last 4 digits of account number __ Is the claim subject to offset? ☒ No ☐ Yes

Debtor **The Aliera Companies, Inc.**Case number (if known) **21-11548**

Name

| | | | |
|-------|--|--|---------------|
| 3.167 | Nonpriority creditor's name and mailing address Ellen Larson c/o Eleanor Hamburger and Richard E. Spoonemore Sirianni Youtz Spoonemore Hamburger 3101 Western Avenue Suite 350 Seattle, WA 98121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.168 | Nonpriority creditor's name and mailing address Justine Lund c/o Eleanor Hamburger and Richard E. Spoonemore Sirianni Youtz Spoonemore Hamburger 3101 Western Avenue Suite 350 Seattle, WA 98121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.169 | Nonpriority creditor's name and mailing address Jaime Beard c/o Eleanor Hamburger and Richard E. Spoonemore Sirianni Youtz Spoonemore Hamburger 3101 Western Avenue Suite 350 Seattle, WA 98121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.170 | Nonpriority creditor's name and mailing address Jared Beard c/o Eleanor Hamburger and Richard E. Spoonemore Sirianni Youtz Spoonemore Hamburger 3101 Western Avenue Suite 350 Seattle, WA 98121 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.171 | Nonpriority creditor's name and mailing address Robert Jeralds 13330 Eagle Canyon Drive Chino Hills, CA 91709 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.172 | Nonpriority creditor's name and mailing address State of California Department of Insurance, Consumer Service and Market Conduct Branch Health Claims Bureau c/o Victor Fierros, Senior Insurance Compliance Officer 300 S. Spring Street Los Angeles, CA 90013 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

| Debtor | The Aliera Companies, Inc. | | Case number (if known) | 21-11548 |
|--------|--|--|------------------------|----------|
| Name | | | | |
| 3.173 | Nonpriority creditor's name and mailing address ROC III Fairlead Park Embassy Row Owner c/o Jeremy G. Gregory and Andrea Lostocco Balch & Bingham LLP 30 Ivan Allen Jr. Blvd. NW Suite 700 Atlanta, GA 30308 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | |
| 3.174 | Nonpriority creditor's name and mailing address Shawna Stradling 17835 Elm Street Fountain Valley, CA 92708 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | |
| 3.175 | Nonpriority creditor's name and mailing address State of Georgia c/o Alex Sistla, AUSA 75 Ted Turner Drive, SW Suite 600 Atlanta, GA 30303 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | |
| 3.176 | Nonpriority creditor's name and mailing address Lisa Bromlow c/o Devin Tatin State of Kansas Office of the Attorney General Consumer Protection and Antitrust Division 120 SW 10th Ave. 2nd Floor Topeka, KS 66612-1597 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | |
| 3.77 | Nonpriority creditor's name and mailing address Office of the Montana State Auditor Commissioner of Securities and Insurance c/o Brandy Mossison 840 Helena Avenue Helena, MT 59601 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | |
| 3.178 | Nonpriority creditor's name and mailing address State of Texas c/o Ken Paxton, Brent Webster, Patrick K. Sweeten and Kathleen T. Hunker Office of the Attorney General PO Box 12548 (MC-010) Austin, TX 78711-2548 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | |

Debtor **The Aliera Companies, Inc.**
NameCase number (if known) **21-11548**

| | | | |
|-------|---|--|---------------------|
| 3.179 | Nonpriority creditor's name and mailing address State of Texas c/o H. Melissa Mather Office of the Attorney General PO Box 12548 (MC-017) Austin, TX 78711 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.180 | Nonpriority creditor's name and mailing address Careington International Corporation c/o Daniel C. Kerrick Hogan, McDaniel 1311 Delaware Avenue Wilmington, DE 19806 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.181 | Nonpriority creditor's name and mailing address Emily Fullana c/o David F. Baron Baron & Herskowitz 9100 S. Dadeland Blvd. Suite 1704 Miami, FL 33156 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.182 | Nonpriority creditor's name and mailing address State of Washington Office of the Insurance Commissioner PO Box 40255 Olympia, WA 98504-0255 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$100,000.00 |
| 3.183 | Nonpriority creditor's name and mailing address Sharity Liquidating Trust c/o Neil F. Luria Liquidating Trustee 425 West New England Avenue Suite 300 Winter Park, FL 32789 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|--|--|---|
| 4.1 | ADP, LLC One ADP Blvd. Roseland, NJ 07068 | Line 3.4 | — |
| | | <input type="checkbox"/> Not listed. Explain _____ | |

| Debtor The Aliera Companies, Inc. | | Case number (if known) 21-11548 |
|--|--|--|
| Name | | |
| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any |
| 4.2 | Amazon Web Services, Inc. PO Box 84023 Seattle, WA 98124-8423 | Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.3 | AppRiver 2711 N. Haskell Ave. Suite 2300 Dallas, TX 75204 | Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.4 | Arthur J. Gallagher Risk Management Services Inc. 1050 Crown Pointe Pkwy, #600 Atlanta, GA 30338-7702 | Line <u>3.152</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.5 | E-Risk Services LLC Northwest Professional Center 227 US Hwy 206, Suite 302 Flanders, NJ 07836-9174 | Line <u>3.122</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.6 | Eagle Resource Group, Inc. PO Box 1192 Alpharetta, GA 30009 | Line <u>3.44</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.7 | Edgewood Partners Insurance 135 Main Street San Francisco, CA 94105 | Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.8 | Edgewood Partners Insurance 125 Main Street 21st Floor San Francisco, CA 94105 | Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.9 | FPG Colonnade, LP The Colonnade - Tower 1 15301 North Dallas Parkway Addison, TX 75001 | Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.10 | Joel D. Cavaness Risk Placement Services Inc. 2850 Golf Road, 5th Floor Rolling Meadows, IL 60008 | Line <u>3.33</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.11 | Kronshage 14405 Walters Road Suite 1025 Houston, TX 77014 | Line <u>3.77</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.12 | Nationwide Management Liab/Spc 7 World Trade Ctr, 37th Floor 250 Greenwich Street New York, NY 10007 | Line <u>3.122</u> <input type="checkbox"/> Not listed. Explain _____ |
| 4.13 | POP Property Owner LLC c/o Atlanta Property Group LLC 3500 Piedmont Road, Suite 610 Atlanta, GA 30305 | Line <u>3.106</u> <input type="checkbox"/> Not listed. Explain _____ |

Debtor **The Alera Companies, Inc.**

Name

Case number (if known) **21-11548**

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|------|---|---|---|
| 4.14 | Quotit Corporation 16802 Aston Irvine, CA 92606 | Line 3.111 <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.15 | Scottsdale Insurance Company 8877 North Gainey Center Drive Scottsdale, AZ 85258 | Line 3.122 <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.16 | Travelers Bond & Specialty Ins One Tower Square S202A Hartford, CT 06183 | Line 3.139 <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.17 | US Reif Lakeside Commons GA Bradley & Associates 1270 Soldiers Field Road Boston, MA 02135 | Line 3.144 <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|--------------------------|
| 5a. | \$ 0.00 |
| 5b. + | \$ 612,240,080.17 |
| 5c. | \$ 612,240,080.17 |

Fill in this information to identify the case:Debtor name The Alera Companies, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-11548☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.0. State what the contract or lease is for and the nature of the debtor's interest **Shredding Services**

State the term remaining

List the contract number of any government contract

**AAA Security Shredding, Inc.
1426 Briarcliff Drive
Woodstock, GA 30189**2.1. State what the contract or lease is for and the nature of the debtor's interest **Payroll/HR/Retirement**

State the term remaining

90 Day Notice

List the contract number of any government contract

**ADP
One ADP Blvd.
Roseland, NJ 07068**2.2. State what the contract or lease is for and the nature of the debtor's interest **Advocacy Services in Florida**

State the term remaining

Month to Month

List the contract number of any government contract

**Advocacy Group at Cardenas
Partners LLC
204 South Monroe Street
Tallahassee, FL 32301**2.3. State what the contract or lease is for and the nature of the debtor's interest **Call Center Sales**

State the term remaining

Renews Annually

List the contract number of any government contract

**All Access Insurance
6306 Benjamin Road
Tampa, FL 33634**

Debtor 1 **The Alera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest **Computing and Storage Services**

State the term remaining **Month to Month**

List the contract number of any government contract _____

**Amazon Web Services Inc
410 Terry Avenue North
Seattle, WA 98109**

2.5. State what the contract or lease is for and the nature of the debtor's interest **Subscription Services for Web-Based Services**

State the term remaining _____

List the contract number of any government contract _____

**AppRiver
1101 Gulf Breeze Parkway
Suite 200
Gulf Breeze, FL 32561**

**AppRiver
2711 N. Haskell Ave.
Suite 2300
Dallas, TX 75204**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Coffee/Water Equipment Rental at 6600 Peachtree Dunwoody Road Expires 07/31/2022**

State the term remaining _____

List the contract number of any government contract _____

**Aramark Refreshment Services
4300 Highlands Parkway
Suite D
Smyrna, GA 30082**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Cloud Services**

State the term remaining **Expires 06/28/2023**

List the contract number of any government contract _____

**Birch, A Fusion Company
320 Interstate N. Pkwy. SE
Suite 300
Atlanta, GA 30339**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Public Relations Services**

State the term remaining **Expires 09/2022**

List the contract number of any government contract _____

**Business Wire
101 California Street
20th Floor
San Francisco, CA 94111**

Debtor 1 **The Alera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.9. State what the contract or lease is for and the nature of the debtor's interest **Office Equipment Leases**

State the term remaining

Expires 06/30/2023

List the contract number of any government contract

**Canon Solutions America
One Canon Park
Melville, NY 11747**

2.10. State what the contract or lease is for and the nature of the debtor's interest

**Cyber Insurance
Policy No.
C-4LPX-218456-CYBER
-2021**

**Broker:
Joel D. Cavaness
Risk Placement
Services Inc.
2850 Golf Road
5th Floor
Rolling Meadows, IL
60008**

State the term remaining

Expires 04/21/2022

List the contract number of any government contract

**Coalition Insurance Solutions
1160 Battery Street
Suite 350
San Francisco, CA 94111**

2.11. State what the contract or lease is for and the nature of the debtor's interest

Equipment Lease

State the term remaining

Expires 01/15/2022

List the contract number of any government contract

**Dell Financial Services
One Dell Way
Round Rock, TX 78682**

2.12. State what the contract or lease is for and the nature of the debtor's interest

Subscription for Data Reporting Services

State the term remaining

List the contract number of any government contract

**Domo, Inc.
772 E. Utah Valley Drive
American Fork, UT 84003**

Debtor 1 **The Alera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.13. State what the contract or lease is for and the nature of the debtor's interest **Employee Benefit Plan Design and Monitoring**

State the term remaining

Renews Annually

List the contract number of any government contract

**Edgewood Partners Insurance Center
135 Main Street
San Francisco, CA 94105**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Telemedicine Services Agreement**

State the term remaining

Renews Annually

List the contract number of any government contract

**First Call Telemedicine LLC
c/o CT Corporation
289 S. Culver Street
Lawrenceville, GA 30046-4805**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Call Center Sales**

State the term remaining

Renews Annually

List the contract number of any government contract

**First Choice Health Company
7125 Thomas Edison Drive
Suite 102
Columbia, MD 21046**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Medical Management, Network Administration, Network Access and Claims Repricing Services**

State the term remaining

Expires 05/31/2022

List the contract number of any government contract

**First Health Group Corp.
10260 Meanley Drive
San Olego, CA 92131**

2.17. State what the contract or lease is for and the nature of the debtor's interest **Call Center Sales**

State the term remaining

List the contract number of any government contract

**Healthcare Solutions
30 Nagog Park Drive
#105
Acton, MA 01720**

Debtor 1 **The Alera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.18. State what the contract or lease is for and the nature of the debtor's interest

Software Applications for Health Claims Processing and Administration Expires 10/01/2023

State the term remaining

List the contract number of any government contract

**HealthEdge Software Inc.
30 Corporate Drive
Burlington, MA 01803**

2.19. State what the contract or lease is for and the nature of the debtor's interest

Call Center Agreement

State the term remaining

Renews Annually

List the contract number of any government contract

**Highland Health Direct LLC
7601 N. Federal Hwy.
Suite 230B
Boca Raton, FL 33487**

2.20. State what the contract or lease is for and the nature of the debtor's interest

Software License

State the term remaining

Renews Annually

List the contract number of any government contract

**InterOperability Bidco, Inc.
dba Rhapsody
100 High Street, Suite 1560
Boston, MA 02110-1734**

2.21. State what the contract or lease is for and the nature of the debtor's interest

Pond Cleaning

State the term remaining

Monthly

List the contract number of any government contract

**Krohne Tanks and Ponds LLC
3069 Mountain Shadow Way
Marietta, GA 30064**

2.22. State what the contract or lease is for and the nature of the debtor's interest

Call Center Sales

State the term remaining

Renews Annually

List the contract number of any government contract

**Mary Amundsan/Broker Source
4601 College Blvd.
Suite 210
Leawood, KS 66211**

Debtor 1 **The Alera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.23. State what the contract or lease is for and the nature of the debtor's interest

Subscription

State the term remaining

List the contract number of any government contract

PMG Net Inc.
211 Perimeter Center Pkwy
Suite 450
Atlanta, GA 30346

2.24. State what the contract or lease is for and the nature of the debtor's interest

Office Lease at
Palisades Office Park,
5901 Peachtree
Dunwoody Road,
Atlanta, GA 30328
Expires 02/28/2026

State the term remaining

List the contract number of any government contract

POP Property Owner LLC
c/o Atlanta Property Group LLC
3500 Piedmont Road, Suite 610
Atlanta, GA 30305

2.25. State what the contract or lease is for and the nature of the debtor's interest

Call Center Agreement

State the term remaining

List the contract number of any government contract

Renews Annually

Portland Benefits Group LLC
8196 SW Hall Blvd
Suite 300
Beaverton, OR 97008

2.26. State what the contract or lease is for and the nature of the debtor's interest

Software Service Agreement

State the term remaining

List the contract number of any government contract

Renews Annually

Quotit Corporation
16802 Aston
Irvine, CA 92606

2.27. State what the contract or lease is for and the nature of the debtor's interest

Office Lease at 6600
Peachtree Dunwoody
Road, Embassy Row
Bldg. 300, Suites 100,
400, 450, 500, Atlanta,
GA 30328
02/28/2026

State the term remaining

List the contract number of any government contract

ROC III Fairlead Embassy Row
Owner LLC
Five Concourse Pkwy, Suite 500
Atlanta, GA 30328

Debtor 1 **The Alera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.28. State what the contract or lease is for and the nature of the debtor's interest **Accounting Software Subscription**

State the term remaining

Expires 07/07/2022**Sage Intacct, Inc.****300 Park Avenue****Suite 1400****San Jose, CA 95110**

List the contract number of any government contract

2.29. State what the contract or lease is for and the nature of the debtor's interest **Call Center Agreement**

State the term remaining

Renews Annually**Select One Group****7516 Wisteria Valley Drive****Austin, TX 78739**

List the contract number of any government contract

2.30. State what the contract or lease is for and the nature of the debtor's interest **Call Center Agreement**

State the term remaining

Renews Annually**Sierra Insurance****Sierra Insurance Marketing LLC****PO Box 955****Elkhorn, WI 53121-0955**

List the contract number of any government contract

2.31. State what the contract or lease is for and the nature of the debtor's interest **Software Development and Programming**

State the term remaining

Expires 04/15/2023**Specialist Resources Global****dba Emids Technologies****318 Seaboard Lane, Suite 110****Franklin, TN 37067**

List the contract number of any government contract

2.32. State what the contract or lease is for and the nature of the debtor's interest **Crime Insurance Policy No. 107250587**

**Overnight Mail:
Travelers Bond &
Specialty Ins
One Tower Square,
S202A
Hartford, CT 06183
Expires 04/21/2022**

State the term remaining

Travelers Bond & Specialty Ins**PO Box 2989****Hartford, CT 06104-2989**

List the contract number of any government contract

Debtor 1 **The Alieria Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.33. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Office Lease at One Lakeside Commons, 990 Hammond Drive, Suite 700, 600, 620, Atlanta, GA 02/28/2026**US Reif Lakeside Commons GA
c/o Intercontinental Real Estate Corp
1270 Soldiers Field Road
Boston, MA 02135****US Reif Lakeside Commons GA
Bradley & Associates
1270 Soldiers Field Road
Boston, MA 02135**

2.34. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Commercial Umbrella Liability Insurance Policy**Producer:
Arthur J. Gallagher
Risk Management
Services Inc.
1050 Crown Pointe
Pkwy.
Suite 600
Atlanta, GA 30338-7702
Expires 04/21/2022****Zurich American Insurance
1299 Zurich Way
Schaumburg, IL 60196**

2.35. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Commercial Umbrella Liability Policy
Policy No. AUC
3116740-02****Producer:
Arthur J. Gallagher
Risk Management
Services Inc.
1050 Crown Pointe
Pkwy.
Suite 600
Atlanta, GA 30338-7702
Expires 04/21/2022****Zurich American Insurance
1299 Zurich Way
Schaumburg, IL 60196**

Debtor 1 **The Alera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.36. State what the contract or lease is for and the nature of the debtor's interest

**Property Portfolio
Protection and General
Liability Insurance
Policy No. CPO
3232369-02****Producer:
Arthur J. Gallagher
Risk Management
Services Inc.
1050 Crown Pointe
Pkwy.
Suite 600
Atlanta, GA 30338-7702
Expires 04/21/2022**

State the term remaining

List the contract number of any government contract

**Zurich American Insurance
1299 Zurich Way
Schaumburg, IL 60196**

2.37. State what the contract or lease is for and the nature of the debtor's interest

**Commercial Auto
Insurance
Policy No. BAP
4463504-02****Producer:
Arthur J. Gallagher
Risk Management
Services Inc.
1050 Crown Pointe
Pkwy.
Suite 600
Atlanta, GA 30338-7702
Expires 04/21/2022**

State the term remaining

List the contract number of any government contract

**Zurich American Insurance
1299 Zurich Way
Schaumburg, IL 60196**

2.38. State what the contract or lease is for and the nature of the debtor's interest

Office Lease

State the term remaining

Expires 09/15/2022

List the contract number of any government contract

**FPG Colonnade, LP
The Colonnade - Tower 1
15301 North Dallas Parkway
Addison, TX 75001**

2.39. State what the contract or lease is for and the nature of the debtor's interest

**Lease of Printer Copier
Equipment**

State the term remaining

Expires 02/06/2023

List the contract number of any government contract

**Edge Business Systems, LLC
1350 Northmeadow Parkway
Roswell, GA 30076-4943**

Debtor 1 **The Aliera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.40. State what the contract or lease is for and the nature of the debtor's interest **Usage of Postal Services**

State the term remaining

List the contract number of any government contract

Quadient Finance USA, Inc.
PO Box 6813
Carol Stream, IL 60197-6813

- 2.41. State what the contract or lease is for and the nature of the debtor's interest **Usage of Postal Services**

State the term remaining

List the contract number of any government contract

Pitney Bowes
2225 American Drive
Neenah, WI 54956-1005

- 2.42. State what the contract or lease is for and the nature of the debtor's interest **Customer Relationship Management**

State the term remaining

List the contract number of any government contract

Administration 123
668 N. Coast Highway
#167
Laguna Beach, CA 92651

- 2.43. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Cancellable with 72 Hours Notice

National Family Assurance Group
11400 SE 8th Street
Suite 360
Bellevue, WA 98004

- 2.44. State what the contract or lease is for and the nature of the debtor's interest **Preferred Provider Dental Network**

State the term remaining

List the contract number of any government contract

May Be Terminated with 3 Months Notice

DenteMax, LLC
25925 Telegraph Road
Suite 400
Southfield, MI 48033

- 2.45. State what the contract or lease is for and the nature of the debtor's interest **Break Room Supplies**

State the term remaining

List the contract number of any government contract

Ready Refresh by Nestle
6661 Dixie Highway
Suite 4
Louisville, KY 40258

Debtor 1 **The Aliera Companies, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **21-11548****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.46. State what the contract or lease is for and the nature of the debtor's interest **Product Design Work**

State the term remaining

List the contract number of any government contract

LavaVein
1000 NW 112th Terrace
Gainesville, FL 32606

2.47. State what the contract or lease is for and the nature of the debtor's interest **Software Metrics, Tracking and Logs Platform**

State the term remaining

List the contract number of any government contract

New Relic
188 Spear Street
Suite 1200
San Francisco, CA 94105

2.48. State what the contract or lease is for and the nature of the debtor's interest **Claims Payment and Communication Services**

State the term remaining

List the contract number of any government contract

Claims Healthcare Solutions, Inc.
3055 Lebanon Pike
Suite 1000
Nashville, TN 37214

2.49. State what the contract or lease is for and the nature of the debtor's interest **Risk Management and Consulting Services**

State the term remaining

04/20/2022

List the contract number of any government contract

Arthur J. Gallagher
Risk Management Services, Inc.
PO Box 532143
Atlanta, GA 30353

2.50. State what the contract or lease is for and the nature of the debtor's interest **Plan Design and Software Development Support**

State the term remaining

Renews Annually

List the contract number of any government contract

Ciel Capital Group, Inc.
c/o CT Corporation
289 S. Culver Street
Lawrenceville, GA 30046-4805

Fill in this information to identify the case:Debtor name The Alera Companies, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 21-11548☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

| | Name | Mailing Address | Name | Check all schedules that apply: |
|-----|-----------------------|---|--------------------------------|---|
| 2.1 | <u>Shelley Steele</u> | <u>Street</u> <u>City</u> <u>State</u> <u>Zip Code</u> | <u>Canon Solutions America</u> | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 | <u>Chase Moses</u> | <u>Street</u> <u>City</u> <u>State</u> <u>Zip Code</u> | <u>CIT</u> | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 | <u></u> | <u>Street</u> <u>City</u> <u>State</u> <u>Zip Code</u> | <u></u> | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 | <u></u> | <u>Street</u> <u>City</u> <u>State</u> <u>Zip Code</u> | <u></u> | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

**United States Bankruptcy Court
District of Delaware**

In re **The Alera Companies, Inc.**

Debtor(s)

Case No. **21-11548**Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|--|----------------------|----------------------|--------------------|
| Chandler Moses 131 Burdette Road, NW Atlanta, GA 30327 | Common Shares | 100 | Shareholder |
| Chase Moses 4619 Woodland Brook Drive Atlanta, GA 30339 | Common Shares | 600 | Shareholder |
| Shelley Steele 131 Burdette Road Atlanta, GA 30327 | Common Shares | 10,691 | Shareholder |
| Zach Moses 700 River Knoll Drive Marietta, GA 30067 | Common Shares | 100 | Shareholder |

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Authorized Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **04/29/2022**

Signature **/s/ Katie Goodman**
Katie Goodman

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*