UNITED STATES DISTRICT COURT **Central District of California**	# PROOF OF CLAIM

SECURITIES AND EXCHANGE COMMISSION, Plaintiff

v.

RALPH T. IANNELLI and ESSEX CAPITAL CORPORATION, Defendants.

Case Number 2:18-cv-05008-FMO-AFM

1. NAME AND ADDRESS OF CLAIMANT : _____ Name _____ Address _____ City / State / Zip Code **Telephone No. of Claimant**: _____ Tax I.D. No. or SSN: _____ **Account or Reference No**: _____	**2. CLAIMANT IS A(N):** ☐ **INVESTOR** (Go to Box 3) ☐ **CREDITOR** (Go to Box 4) **If Claimant is both an Investor and a Creditor, please file a single Proof of Claim form for all claim(s) and complete the form, per the instructions herein.**

3. INVESTORS ONLY

3a. Entity In or With Which You Claim to Have Invested: (If you invested in or with several entities, provide separate Proof of Claim forms for each entity)
☐ Essex Capital Corporation
☐ Other: _____

3b. **If Legal Action Pending, Date Commenced, Court and Case No:**
_____

3c. Total Amount of Claim as of December 21, 2018: $_____

☐ Check this box if you contend your claim includes amounts over principal invested, interest or other charges, such as attorneys' fees, damages, claims or late fees in addition to the principal amount of the claim. Attach itemized statement of all additional amounts, interest or charges.

☐ Check this box if you contend your claim is subject to a security interest. Attach copies of all documents that evidence the claim of secured status.

3d. Date and Amount of Funds Paid or Entrusted:

Date: _____   Amount: $_____

Date: _____   Amount: $_____

3e. Date and Amount of Any Distributions (including interest, dividends or returns of principal) or Withdrawals:

Date: _____   Amount: $_____

Date: _____   Amount: $_____

(Attach additional sheets as necessary to reflect the date and amount of all funds paid or distributions received.)

3f. Attach Supporting Documentation:

Attach supporting documentation per the instructions in Section 5 below.

*You Must Date and Sign the Claim at Sections 7 and 8 Below for This Claim to be Valid.

4. CREDITORS ONLY

4a. Basis of Claim:
☐ Goods Sold
☐ Services Performed
☐ Money Loaned
☐ Taxes
☐ Wages, salaries or compensation (fill out below)
Unpaid compensation for services performed
from _____ to _____ (dates)
☐ Benefits (provide a detailed explanation on attached sheet)
☐ Other (provide a detailed explanation on attached sheet)

4b. Entity/Person with whom claim was incurred: _____
_____

4c. Date Claim was Incurred: _____

4d. If Legal Action Pending, Date Commenced, Court and Case No.:
_____
_____

If Court Judgment, Date Obtained: _____

4e. Total Amount of Claim as of December 21, 2018: $_____

☐ Check this box if you contend your claim is subject to a security interest. Attach copies of all security agreements and other documents that evidence the claim of secured status.

☐ Check this box if you contend your claim includes interest or other charges, such as attorney's fees, lost profits or late fees in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Supporting Documents: If you are disputing the Receiver's determination of your claim, you must submit all supporting documents at this time. If this is a new claim that the Receiver has not previously issued a Determination of Claim Amount letter, please attach copies of supporting documents, such as cancelled checks (front and back), account ledgers, bank statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, evidence of lien perfection, etc.DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, please explain.

6. Date-Stamped Copy: To receive an acknowledgment of the filing of your Proof of Claim form, enclose a stamped, self-addressed envelope and copy of this Proof of Claim form when filing your original Proof of Claim.

7. Date	**8.** Sign and print the name and title, if any, of all Claimants or other persons authorized to file this claim (attach copy of power of attorney, death certificate, or other document as needed if co-owner is unable to sign). **By signing your name below, you certify that the information contained in this Claim Form and any back-up documentation provided is true and correct.** Signature:_____ Name:_____ Title (if any):_____ Signature:_____ Name:_____ Title (if any):_____

INSTRUCTIONS FOR PROOF OF CLAIM FORM

Exhibit B