PROOF OF CLAIM - BAIL BOND CLAIM FORM

CANNON SURETY, LLC (CANNON) IN LIQUIDATION

ALL CLAIMS MUST BE POSTMARKED OR RECEIVED BY THE LIQUIDATOR BEFORE THE CLAIM FILING DEADLINE OF 11:59 P.M. EASTERN STANDARD TIME ON December 22, 2025. Failure to file a timely claim may result in the denial of your claim or consideration of your claim. Please print legibly in ink or type. Complete all the applicable sections and blanks, read and sign before a Notary Public. Attach additional sheets and summaries as necessary.

READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK. NOTE: If you need additional space to explain a response, please attach a separate sheet

BOND INFORMATION

Proof of Claim No._____(leave blank)

Defendant_____

Court (Include County)_____

Case No. _____ Bond/Power of Attorney No. _____ Date Bond Written_____

Bond Amount Name of Bail Agency Name of Bail Agent

CLAIM INFORMATION

I. Claimant's Full Name_____

2. Name of Contact Person_____

3. Mailing Address_____City, State, Zip Code_____

4. Telephone No. Home(_____) Business Telephone No. (_____)_____

   Other Telephone No. _____ Email address_____

5. **Total Amount of Claim** $_____ list any consideration giving rise to your claim, including but not limited to any consideration given for the claim, the identity, and the amount of any security on the claim, and any right or priority of payment asserted by the claimant or any other specific right of priority of payment asserted by the claimant or any other specific right asserted by claimant.

6. Claim is for:
   - A. D Claim by Court for face amount of bond $_____, plus interest (if any) $_____, plus fees or costs (if any) $, for a total amount claimed by Court of $_____
   - B. D Claim by Court for payment in lieu of the face amount of the bond as follows: Reduced/Settlement Bond Amount (if any) $_____ fee or costs (if any) $, interest (if any) $, for a total amount claimed by Court of $_____
     D Claim by bail recovery agent for surrender fee in the amount of $_____
   - C. D Claim by attorney for_____(describe) in the amount of $_____
   - D. D Claim by contracted agent, agent No. for return of a credit balance described as_____ _____in the amount of $, and/or for net premium attributable to the writing of a new bond for the defendant on the same case (new bond having been required because of the cancellation of the Cannon bail bond), and in the amount of $_____
   - E. D Claim by contracted non-liable agent for_____(describe) in the amount of $_____
   - F. D Claim is for return of collateral posted for or by the defendant.
   - G. D Claim by the defendant/indemnitor for the return of premium due to early cancellation.
   - H. D Claim by the defendant/indemnitor for premium attributable to the writing of a replacement bond due to the cancellation of Cannon bond.
   - I. D Other - Please explain_____

7. In the space below, give a brief, concise statement of the particulars of your claim as identified above.

8. Cannon was, at the time of the entry of the bail bond cancellation on December 6, 2025 and still is indebted (or liable) to this claimant in the sum of $_____

9. No part of this debt has been paid except_____

10. Is there OTHER INUSRANCE that may cover this claim? Yes ( ) No (_) If yes, provide name of insurer(s) and policy number (s)_____

I0. No Cannon collateral deposit or letter of credit has been levied upon or drawn down upon except ----------

11. In support of this claim, attached is/are true and accurate copy(ies) of the following:
   - A. D Bail Bond;
   - B. D Power of Attorney;
   - C. D Copy of Notice of Forfeiture/Judgment on Forfeiture;
   - D. D Unpaid invoices/receipts;
   - E. D Any liens;
   - F. D Correspondence supporting claim;
   - G. D Payment made on debt, if any;
   - H. D Receipt for collateral deposited; proof of discharge of bond
   - I. D Receipt and Statement of Charges;
   - J. D Other – Please explain_

NOTE – ATTACHMENTS REQUIRED: All appropriate supportive written documentation that is the foundation of this claim must be attached/submitted along with this form in order for your claim to be considered. Please note that no claim need be considered or allowed if it does not contain all the information in N.C Gen. Stat. § 58-30-190(a) that may be applicable. Please attach all documents, contracts, and invoices supporting your claim. If they are voluminous, please attach a summary. Please include any right of priority of payment or other specific right asserted by the party filing the proof of claim.

12. This claim is not subject to any set-off, counterclaim, credits or defense, nor has the claimant asserted any such set-off, counterclaim, credits or defense, except as follows: _____

13. The claimant does not assert any right of priority of payment or any other specific right (a) to any security interest in the property of Cannon; (b) to any collateral held by or for the benefit of Cannon in connection with the bonded obligation; or (c) other funds held by anyone in connection with the bonded obligation, except:

    (If any such interest as is described above is claimed and is evidenced by any writing, attach a copy to this form. Also attach evidence of perfection of any security interest claimed.)

14. Are you represented by an attorney? Yes D No D If "Yes," provide the following:
    - A. Name of attorney_____Telephone No. ____
    - B. Name of Law firm_____
    - C. Mailing address City, State, Zip Code_____
    - D. Email address

15. Has a lawsuit or other legal action been instituted other than as already noted above in 6(A) or 6(B)? Yes D No D If "Yes," provide the following:
    - A. Court where filed_____
    - B. Date filed Case No/Docket No._____
      Plaintiff(s) Defendant(s) _
    - E. Has Cannon Surety LLC moved to stay the above-described proceedings? Yes D No D
      If so, what was the disposition of such motion? _____

The undersigned subscribes and affirms as true and correct under penalty of perjury that the facts are true, that the undersigned has read the foregoing Proof of Claim and knows the contents thereof; that this claim of $ against **CANNON SURETY LLC** is justly owing to the claimant; that there are no set-offs, counterclaims or defenses to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true of my own knowledge except as to matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.

Date Signed: _____

Subscribed and sworn to before me this _____day of_____, 20____

Signature: _____

Notary Public/Commissioner of Oaths

State of County of_____

My commission expires:_____

_____

Print or Type Name of Claimant, Partner, Officer or Legal Representative

_____

Signature of Claimant, Partner, Officer or Legal Representative

_____

Title or Official Capacity

Address_____

Email Address

Home Phone

Work Phone

_____

(Seal) Social Security Number or FEIN of Claimant

Liquidator of Cannon Surety, LLC
ATTN: Rick Kilpatrick
1203 Mail Service Center
Raleigh, NC 27699-1203
DOI-NCDOI.CannonSurety@ncdoi.gov

Post Mark Date: _____

POC No.: _____

Date Received: _____

RECOMMENDATION OF LIQUIDATOR:

D Approval in full; D Rejected;

D Approval in the amount of $_____

ACTION OF COURT: Approval in Amount of $_____

RETURN TO CANNON