



B 10 (Official Form 10) (4/10)

UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA		PROOF OF CLAIM
Name of Debtor: Harrington West Financial Group, Inc.		Case Number: 10-14677-RR
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Wells Fargo Bank, National Association, as indenture trustee		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Eric A. Schaffer, Esq. Reed Smith LLP 225 Fifth Avenue, Suite 1200 Pittsburgh, PA 15222 Telephone: (412) 288-3131		Court Claim Number: _____ <i>(if known)</i>
Name and address where payment should be sent (if different from above): James R. Lewis Wells Fargo Bank, National Association 45 Broadway - 17th Floor New York, NY 10006		Filed on: _____
1. Amount of Claim as of Date Case Filed: \$10,310,000.00 plus interest, fees, and costs If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____). Amount entitled to priority: \$ _____
2. Basis for Claim: <u>See Attached Addendum</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: <u>12/21/10</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  JAMES R. LEWIS VICE PRESIDENT	FOR COURT USE ONLY Harrington West  00006

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571.

**ADDENDUM TO PROOF OF CLAIM OF
WELLS FARGO BANK, NATIONAL ASSOCIATION**

CLAIMANT

1. Wells Fargo Bank, National Association ("Wells Fargo" or the "Trustee") is the claimant in its capacity as indenture trustee.
2. Wells Fargo has offices at 45 Broadway – 17th Floor, New York, New York 10006 (Attn: James R. Lewis).
3. Wells Fargo is authorized to file this proof of claim (the "Claim") pursuant to Section 5.02 of the Indenture (as defined below) and 11 U.S.C. § 501(a).
4. James R. Lewis is authorized to make this Claim on behalf of Wells Fargo.

BASIS FOR CLAIM

5. Wells Fargo is the trustee under the Indenture (the "Indenture"), dated as of September 27, 2004, between the Trustee and Harrington West Financial Group, Inc. (the "Debtor"), as issuer, pursuant to which the Debtor issued its Junior Subordinated Debt Securities due October 7, 2034 (the "Debt Securities") in the aggregate principal amount of \$10,310,000.00.
6. As indenture trustee, Wells Fargo is the agent and attorney-in-fact of the holders (the "Holders") of the Debt Securities for the purpose of filing any claims relating to the Debt Securities. Except as set forth below, Wells Fargo holds no claims in its individual capacity. The Trustee asserts claims on behalf of the Holders pursuant to the Indenture.

AMOUNT OF CLAIM

7. The nature and amount of the claims of the Holders and the Trustee are as follows:

Principal Amount: \$10,310,000.00.

Accrued but Unpaid Interest: \$558,222.26 as of September 10, 2010, plus accrued but unpaid interest thereafter at the rate(s) of interest specified in the respective Debt Securities and Indenture.

Fees and Expenses: All amounts due and becoming due to the Trustee for services rendered under the Indenture and reimbursement of all reasonable expenses, disbursements, and advances made or incurred by the Trustee, its attorneys, agents, and employees in connection with its powers and duties under the Indenture, for indemnification, and for all other amounts due or becoming due to the Trustee.

NATURE OF CLAIM

8. The Claim is unsecured.

SUPPORTING DOCUMENTS

9. The Claim is supported by the Indenture, which is attached hereto as

Exhibit A.

RESERVATION OF RIGHTS

10. The Trustee reserves the right to amend, modify, and/or supplement its Proof of Claim and Addendum to Proof of Claim as it deems appropriate. Nothing in this Proof of Claim or Addendum to Proof of Claim shall be deemed a waiver of any rights or remedies that the Trustee may have under the Indenture and/or in connection with this bankruptcy case. All such rights and remedies are expressly reserved.

Central District Of California Claims Register

9:10-bk-14677-RR Harrington West Financial Group, Inc.

Judge: Robin Riblet **Chapter:** 11

Office: Santa Barbara **Last Date to file claims:** 01/20/2011

Trustee: **Last Date to file (Govt):** 03/09/2011

Creditor: (28221193) ERIC A SCHAFFER ESQ REED SMITH LLP 225 FIFTH AVE SUITE 1200 PITTSBURGH PA 15222	Claim No: 6 <i>Original Filed</i> Date: 12/23/2010 <i>Original Entered</i> Date: 12/23/2010	Status: Filed by: CR Entered by: Ortiz, Amber Modified:
Unknown claimed: \$10310000.00 Total claimed: \$10310000.00		
History: Details 6-1 12/23/2010 Claim #6 filed by ERIC A SCHAFFER ESQ, total amount claimed: \$10310000 (Ortiz, Amber)		
Description:		
Remarks:		

Claims Register Summary

Case Name: Harrington West Financial Group, Inc.

Case Number: 9:10-bk-14677-RR

Chapter: 11

Date Filed: 09/10/2010

Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured		
Secured		
Priority		
Unknown	\$10310000.00	
Administrative		
Total	\$10310000.00	\$0.00