# Case 19-11984-CTG Doc 1589 Filed 10/20/21 Page 1 of 3

### UNITED STATES BANKRUPTCY COURT

	_ DISTRICT OF	DELAWARE	
In re: National Pharmaceutical Network, Inc.	\$ \$ \$	Case No.	19-11986
Debtor(s)		☐ Jointly	Administered
Post-confirmation Report			Chapter 11
Quarter Ending Date: 09/30/2021		Petit	tion Date: <u>09/09/2019</u>
Plan Confirmed Date: 06/04/2020		Plan Effec	tive Date: 06/19/2020
This Post-confirmation Report relates to: Reorgan	ized Debtor uthorized Party or Er	otity. Elliquidatino	ı Trust
• Other At	utilofized Faity of El		uthorized Party or Entity
s/ Anthony M. Saccullo	An	thony M. Saccullo	
Signature of Responsible Party 0/20/2021	Pri	nted Name of Respon	nsible Party
Date	Bea	Crimson King Drive ar, DE 19701 dress	e

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

# Case 19-11984-CTG Doc 1589 Filed 10/20/21 Page 2 of 3

Debtor's Name National Pharmaceutical Network, Inc.

Case No. 19-11986

### Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

Part 2:	Preco	onfirmation Profession	al Fees and E	Expenses				
					Approved	Approved	Paid Current	Paid
					Current Quarter	Cumulative	Quarter	Cumulative
a.		ssional fees & expenses (bared by or on behalf of the de		Aggregate Total	\$0	\$0	\$0	\$0
	Itemiz	zed Breakdown by Firm						
		Firm Name	Rol	le				
	i				\$0	\$0	\$0	\$0
	ii							

					Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.		essional fees & expenses (non- rred by or on behalf of the deb		Aggregate Total	\$0	\$0	\$0	\$0
	Item	ized Breakdown by Firm						
		Firm Name	Role					
	i				\$0	\$0	\$0	\$0
	ii						\$0	
c.	All professional fees and expenses (debtor & committees)							

### Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

a. Is this a final report?	Yes C No •	
If yes, give date Final Decree was entered:		

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?

If no, give date when the application for Final Decree is anticipated:

Yes 

No

07/31/2023

Part 4: Questionnaire

### Case 19-11984-CTG Doc 1589 Filed 10/20/21 Page 3 of 3

Debtor's Name National Pharmaceutical Network, Inc.

Case No. 19-11986

#### **Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules\_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Anthony M. Saccullo	Anthony M. Saccullo		
Signature of Responsible Party	Printed Name of Responsible Party		
Liquidating Trustee	10/20/2021		
Title	Date		