# Case 14-10979-CSS Doc 14380 Filed 10/21/21 Page 1 of 3

## UNITED STATES BANKRUPTCY COURT

for	r the DISTRICT OF	Delaware
In re: TXU Receivables Company	\$ \$ \$	Case No. <u>14-11007</u> Lead Case No. <u>14-10979</u>
Debtor(s)	§ §	
Post-confirmation Report		Chapter 11
Quarter Ending Date: 09/30/2021		Petition Date: <u>04/29/2014</u>
Plan Confirmed Date: 02/27/2018		Plan Effective Date: <u>03/09/2018</u>
This Post-confirmation Report relates to: Reor		atity: EFH Plan Administrator Board Trust
( Othe	i Authorized Larty of Er	Name of Authorized Party or Entity
s/ Jason M. Madron		on M. Madron
Signature of Responsible Party	Pri	nted Name of Responsible Party
0/21/2021 Date	One Wi	chards, Layton & Finger, P.A.  e Rodney Square 920 North King St.,  lmington, DE 19801  dress
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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.

Debtor's Name TXU Receivables Company

Case No. 14-11007

## 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 Expe	enses				
					Approved	Approved	Paid Current	Paid
					Current Quarter	Cumulative	Quarter	Cumulative
a.	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor Aggregate Total			\$0	\$0	\$0	\$0	
	Itemized Breakdown by Firm							
		Firm Name	Role					
	i		Other		\$0	\$0	\$0	\$0
	ii		Other		\$0	\$0	\$0	\$0

				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
b.	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor  Aggregate Total			\$0	\$0	\$0	\$0
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i		Other	\$0	\$0	\$0	\$0
	ii						
c.	All professional fees and expenses (debtor & committees)		\$0	\$0	\$0	\$0	

## 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		

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a. Is this a final report?		Yes 🔘	No 💿
If yes, give date Final Decree was entered:			
If no, give date when the application for Final Decree is anticipated:	12/31/2021		
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?			No 🔘

#### Case 14-10979-CSS Doc 14380 Filed 10/21/21 Page 3 of 3

Debtor's Name TXU Receivables Company

Case No. 14-11007

#### **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 R. Horton	Anthony R. Horton
Signature of Responsible Party	Printed Name of Responsible Party
Plan Administrator Board	10/21/2021
Title	Date