

Fill in this information to identify the case:

Debtor 1 Eiger BioPharmaceuticals, Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas

Case number 24-80040

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return

Official Form 410

**Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Files must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor? New York State Department of Health  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor NYS DOH

2. Has this claim been acquired from someone else?  No  Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<p><u>Martin A. Mooney, Assistant Atty General</u> Name</p> <p><u>The Capitol</u> Number Street</p> <p><u>Albany NY 12224</u> City State ZIP Code</p> <p>Contact phone <u>518-776-2528</u></p> <p>Contact email <u>Martin.Mooney@ag.ny.gov</u></p>	<p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>

Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

4. Does this claim amend one already filed?  No  Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No  Yes. Who made the earlier filing? \_\_\_\_\_

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**SEP 24 2024**  
**VERITAGLOBAL**



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 140,130.54 Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
Pharmaceutical Rebates

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

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**SEP 24 2024**  
**VERITAGLOBAL**

Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/17/2024  
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name Tracy L. Hennige  
First name Middle name Last name

Title Senior Attorney

Company New York State Department of Health  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2438 Corning Tower, Empire State Plaza  
Number Street

Albany NY 12237  
City State ZIP Code

Contact phone 518 473-4631 Email Tracy.Hennige@health.ny.gov

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STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

LETITIA JAMES  
Attorney General

DIVISION OF STATE COUNSEL  
Civil Recoveries Bureau  
Bankruptcy Litigation Unit

Via Overnight Mail

September 23, 2024

Eiger BioPharmaceuticals Inc.  
Claims Processing Center  
c/o KCC dba Verita  
222 N. Pacific Coast Highway., Suite 300  
El Segundo, CA 90245

Re: Eiger BioPharmaceuticals Inc.  
Case No. 24-80040  
United States Bankruptcy Court  
Northern District of Texas

To Whom It May Concern,

The undersigned represents the New York State Department of Health in the above referenced bankruptcy case.

Enclosed herewith please find an Original and one File Copy of a Proof of Claim ("NY Claim") to be filed on behalf of the New York Department of Health in this case.

Upon filing, kindly return a time-stamped File Copy of the NY Claim to our office in the enclosed self-addressed, pre-paid return envelope which has been provided for your convenience.

Please do not hesitate to contact me if you have any questions or require further information on this request.

Yours respectfully,

s/Martin A. Mooney  
Martin A. Mooney, Esq.  
Assistant Attorney General  
Bankruptcy Litigation Unit  
Civil Recoveries Bureau  
The Capitol  
Albany, New York 12224-0341  
[Martin.Mooney@ag.ny.gov](mailto:Martin.Mooney@ag.ny.gov)



**Quarterly Labeler Account Balance**  
 Client :State of New York

Program ID	Invoice YrQtr	Manufacturer	Interest Amount Due	Rebate Amount Due	Outstanding Balance
NYHFFS	20241	73079 - Eiger Biopharmaceuticals Inc.	\$0.00	\$39,476.47	\$39,476.47
<b>20241 - Total</b>			<b>\$0.00</b>	<b>\$39,476.47</b>	<b>\$39,476.47</b>
NYHFFS	20234	73079 - Eiger Biopharmaceuticals Inc.	\$515.65	\$59,214.71	\$59,730.36
<b>20234 - Total</b>			<b>\$515.65</b>	<b>\$59,214.71</b>	<b>\$59,730.36</b>
NYHFFS	20233	73079 - Eiger Biopharmaceuticals Inc.	\$1,898.89	\$0.00	\$1,898.89
<b>20233 - Total</b>			<b>\$1,898.89</b>	<b>\$0.00</b>	<b>\$1,898.89</b>
NYHFFS	20232	73079 - Eiger Biopharmaceuticals Inc.	\$687.74	\$0.00	\$687.74
<b>20232 - Total</b>			<b>\$687.74</b>	<b>\$0.00</b>	<b>\$687.74</b>
<b>NYHFFS - Total</b>			<b>\$3,102.28</b>	<b>\$98,691.18</b>	<b>\$101,793.46</b>
NYHMCO	20231	73079 - Eiger Biopharmaceuticals Inc.	\$3,992.49	\$0.02	\$3,992.51
<b>20231 - Total</b>			<b>\$3,992.49</b>	<b>\$0.02</b>	<b>\$3,992.51</b>
NYHMCO	20224	73079 - Eiger Biopharmaceuticals Inc.	\$2,515.03	\$0.00	\$2,515.03
<b>20224 - Total</b>			<b>\$2,515.03</b>	<b>\$0.00</b>	<b>\$2,515.03</b>
NYHMCO	20223	73079 - Eiger Biopharmaceuticals Inc.	\$63.51	\$3,274.39	\$3,337.90
<b>20223 - Total</b>			<b>\$63.51</b>	<b>\$3,274.39</b>	<b>\$3,337.90</b>
NYHMCO	20222	73079 - Eiger Biopharmaceuticals Inc.	\$730.88	(\$669.77)	\$61.11
<b>20222 - Total</b>			<b>\$730.88</b>	<b>(\$669.77)</b>	<b>\$61.11</b>
NYHMCO	20221	73079 - Eiger Biopharmaceuticals Inc.	\$1,467.66	\$0.00	\$1,467.66
<b>20221 - Total</b>			<b>\$1,467.66</b>	<b>\$0.00</b>	<b>\$1,467.66</b>
NYHMCO	20214	73079 - Eiger Biopharmaceuticals Inc.	\$1,606.22	\$0.00	\$1,606.22
<b>20214 - Total</b>			<b>\$1,606.22</b>	<b>\$0.00</b>	<b>\$1,606.22</b>
NYHMCO	20213	73079 - Eiger Biopharmaceuticals Inc.	\$45.92	\$0.00	\$45.92
<b>20213 - Total</b>			<b>\$45.92</b>	<b>\$0.00</b>	<b>\$45.92</b>
NYHMCO	20212	73079 - Eiger Biopharmaceuticals Inc.	\$38.57	\$0.00	\$38.57
<b>20212 - Total</b>			<b>\$38.57</b>	<b>\$0.00</b>	<b>\$38.57</b>
NYHMCO	20211	73079 - Eiger Biopharmaceuticals Inc.	\$2.72	\$0.00	\$2.72
<b>20211 - Total</b>			<b>\$2.72</b>	<b>\$0.00</b>	<b>\$2.72</b>
<b>NYHMCO - Total</b>			<b>\$10,463.00</b>	<b>\$2,604.64</b>	<b>\$13,067.64</b>
<b>Overall - Total</b>			<b>\$13,565.28</b>	<b>\$101,295.82</b>	<b>\$114,861.10</b>

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**Quarterly Labeler Account Balance**

Client :State of New York

Manufacturer		2024	20234	20233	20232	20231	20224	20223	20222	20221	20214	20213	20212	20211	Total
NYHFFS	73079 - Eger Biopharmaceuticals Inc	\$39,476.47	\$59,214.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$98,691.18
	<b>Total</b>	<b>\$39,476.47</b>	<b>\$59,214.71</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$98,691.18</b>
NYHMOO	73079 - Eger Biopharmaceuticals Inc	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$3,274.39	(\$669.77)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,604.64
	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.02</b>	<b>\$0.00</b>	<b>\$3,274.39</b>	<b>(\$669.77)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,604.64</b>
<b>Total</b>		<b>\$39,476.47</b>	<b>\$59,214.71</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.02</b>	<b>\$0.00</b>	<b>\$3,274.39</b>	<b>(\$669.77)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$101,295.82</b>

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