

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re

SCOTTISH HOLDINGS, INC., *et al.*,

Debtors.¹

Chapter 11

Case No. 18-10160 (LSS)

Jointly Administered

**SECOND AMENDED SCHEDULE OF ASSETS AND LIABILITIES FOR
SCOTTISH ANNUITY & LIFE INSURANCE COMPANY (CAYMAN LTD.)
CASE NO. 18-10161 (LSS)**

¹ The Debtors, along with the last four digits of their federal tax identification numbers, are as follows: Scottish Holdings, Inc. (4408) and Scottish Annuity & Life Insurance Company (Cayman) Ltd. (3285). The Debtors' mailing address for purposes of these chapter 11 cases is 14120 Ballantyne Corporate Place, Suite 300, Charlotte, NC 28277.

Fill in this information to identify the case and this filing:

Debtor Name Scottish Annuity & Life Insurance Company (Cayman) Ltd.

United States Bankruptcy Court for the: _____ District of DE
(State)

Case number (If known): 18-10161

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule E/F
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

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

Executed on 7/31/18
MM / DD / YYYY

X /s/ Thomas J. Keller
Signature of individual signing on behalf of debtor

Thomas J. Keller
Printed name

Chief Financial Officer
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Scottish Annuity & Life Insurance Company (Cayman) Ltd.
 United States Bankruptcy Court for the: _____ District of DE
(State)
 Case number (if known): 18-10161

Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)

<p>1a. Real property: Copy line 88 from <i>Schedule A/B</i>.....</p>	\$ <u>0</u>
<p>1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>.....</p>	\$ <u>1,815,554,202</u>
<p>1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>.....</p>	\$ <u>1,815,554,202</u>

Part 2: Summary of Liabilities

<p>2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i>.....</p>	\$ <u>0</u>
<p>3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 206E/F)</p>	
<p>3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>.....</p>	\$ _____
<p>3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>.....</p>	+ \$ <u>166,501,628.33</u>
<p>4. Total liabilities..... Lines 2 + 3a + 3b</p>	\$ <u>166,501,628.33</u>

Fill in this information to identify the case:

Debtor Scottish Annuity & Life Insurance Company (Cayman) Ltd.
 United States Bankruptcy Court for the: _____ District of DE
 (State)
 Case number 18-10161
 (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.2	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.3	Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

Debtor Scottish Annuity & Life Insurance Company (Cayman) Ltd.
Name

Case number (if known) 18-10161

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>ADDED Nonpriority creditor's name and mailing address <u>Michael Baumstein</u> <u>2210 Sutton Springs Road</u> <u>Charlotte, NC 28228</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ Unliquidated</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Director Claims</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.2	<p>ADDED Nonpriority creditor's name and mailing address <u>Jonathan Bloomer</u> <u>Court Lodge, Main Road, Knockholt, Seven Oaks</u> <u>Kent, England TN14 7LR United Kingdom</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ Unliquidated</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential Director Claims</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address <u>BNY Mellon as Indenture Trustee of GPIC Holdings Inc. Statutory Trust</u> <u>BNY Mellon Corporate Trust, Insurance Trust Unit</u> <u>101 Barclay Street, 7E Floor, New York, NY 10286</u></p> <p>Date or dates debt was incurred <u>11/14/2003</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 12,864,761</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Debentures</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address <u>BNY Mellon as Institutional Trustee of GPIC Holdings Inc. Statutory Trust</u> <u>BNY Mellon Corporate Trust, Insurance Trust Unit</u> <u>101 Barclay Street, 7E Floor, New York, NY 10286</u></p> <p>Date or dates debt was incurred <u>11/14/2003</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 0</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address <u>BNY Mellon</u> <u>BNY Mellon Corporate Trust, Insurance Trust Unit</u> <u>101 Barclay Street, 7E Floor, New York, NY 10286</u></p> <p>Date or dates debt was incurred <u>1/18/2003</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 7,040.38</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Bank Fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address <u>Business Wire</u> <u>PO Box 45348</u> <u>San Francisco, CA 94105-0348</u></p> <p>Date or dates debt was incurred <u>1/28/2018</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 4,890</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor

Scottish Annuity & Life Insurance Company (Cayman) Ltd.
Name

Case number (if known) 18-10161

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address
Highmark Life Insurance Co.
PO Box 535061
Pittsburgh, PA 15235-5061

As of the petition filing date, the claim is: \$ 150,283.60
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Basis for the claim: Trust True Up

Date or dates debt was incurred 1/18/2018
 Last 4 digits of account number

Is the claim subject to offset?
 No
 Yes

3.8 Nonpriority creditor's name and mailing address
HSCM Bermuda Fund Ltd.
c/o Hudson Structured Capital Management Ltd.
 Attn: Lee S. Attanasio, Sidley Austin LLP, 787 Seventh Ave., New York, NY 10019

As of the petition filing date, the claim is: \$ 100,000
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Expense Reimbursement

Date or dates debt was incurred 1/04/2018
 Last 4 digits of account number

Is the claim subject to offset?
 No
 Yes

3.9 Nonpriority creditor's name and mailing address
Investors Heritage Insurance Company
200 Capital Ave., PO Box 717
Frankford, KY 40602

As of the petition filing date, the claim is: \$ 37,469.60
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Trust True Up

Date or dates debt was incurred 1/18/2018
 Last 4 digits of account number

Is the claim subject to offset?
 No
 Yes

3.10 Nonpriority creditor's name and mailing address
ITAR, LLC
517 E. Tremont Ave.
Charlotte, NC 28203

As of the petition filing date, the claim is: \$ 17,106.25
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: IT Audit and Compliance Consulting Services

Date or dates debt was incurred Various
 Last 4 digits of account number

Is the claim subject to offset?
 No
 Yes

3.11 Nonpriority creditor's name and mailing address
Lincoln National Life Insurance Company
1300 S. Clinton Street 5C00
Fort Wayne, IN 46802

As of the petition filing date, the claim is: \$ 26,535.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Treaty Settlement

Date or dates debt was incurred
 Last 4 digits of account number

Is the claim subject to offset?
 No
 Yes

Debtor

Scottish Annuity & Life Insurance Company (Cayman) Ltd.
Name

Case number (if known) 18-10161

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12 Nonpriority creditor's name and mailing address
 Marsh Management Services
 PO Box 1051, Governors Square, Building 4, 2nd Floor
 23 Lime Street
 Bay Avenue, Grand Cayman KY1-1102, Cayman Islands

As of the petition filing date, the claim is: \$ 6,687.50
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Basis for the claim: Management Services

Date or dates debt was incurred 1/18/2008
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.13 Nonpriority creditor's name and mailing address
 Removed

As of the petition filing date, the claim is: \$ _____
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.14 ADDED Nonpriority creditor's name and mailing address
 Daniel Roth
 2003 Dilworth Road East
 Charlotte, NC 28203

As of the petition filing date, the claim is: \$ Unliquidated
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim Potential Director Claims

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.15 Nonpriority creditor's name and mailing address
 Scottish Financial (Luxembourg) S.a r.l.
 c/o SGG S.A. 412 F, Route d'Esch
 L-1030Luxembourg Grand Duchy of Luxembourg

As of the petition filing date, the claim is: \$ 0
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Floating Rate Junior Subordinated Deferrable Interest Debenture of SRD

Date or dates debt was incurred 12/15/2004
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.16 Nonpriority creditor's name and mailing address
 Scottish Re (U.S.), Inc.
 14120 Ballantyne Corporate Place, Ste 300
 Charlotte, NC 28277

As of the petition filing date, the claim is: \$ 992,391
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: SRUS Net Reinsurance Obligation After Offset

Date or dates debt was incurred 2/4/2017
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Debtor Scottish Annuity & Life Insurance Company (Cayman) Ltd.
Name

Case number (if known) 18-10161

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 22,601,936
U.S. Bank National Association as Institutional Trustee of Scottish Holdings Statutory Trust I
 Global Corporate Trust Services
 60 Livingston Ave, EP-MN-WS1D, St. Paul, MN 55107
 Date or dates debt was incurred 12/4/2002
 Last 4 digits of account number _____

Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Basis for the claim: Debentures

Is the claim subject to offset?
 No
 Yes

3.18 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 0
U.S. Bank National Association as Indenture Trustee of Scottish Holdings Statutory Trust II
 Global Corporate Trust Services
 60 Livingston Ave, EP-MN-WS1D, St. Paul, MN 55107
 Date or dates debt was incurred 12/4/2002
 Last 4 digits of account number _____

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Is the claim subject to offset?
 No
 Yes

3.19 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 25,736,000
U.S. Bank National Association as Institutional Trustee of Scottish Holdings Statutory Trust II
 Global Corporate Trust Services
 60 Livingston Ave, EP-MN-WS1D, St. Paul, MN 55107
 Date or dates debt was incurred 10/29/2003
 Last 4 digits of account number _____

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Debentures

Is the claim subject to offset?
 No
 Yes

3.20 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 0
U.S. Bank National Association as Indenture Trustee of Scottish Holdings Statutory Trust III
 Global Corporate Trust Services
 60 Livingston Ave, EP-MN-WS1D, St. Paul, MN 55107
 Date or dates debt was incurred 10/29/2003
 Last 4 digits of account number _____

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Is the claim subject to offset?
 No
 Yes

3.21 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 40,941,627
U.S. Bank National Association as Institutional Trustee of Scottish Holdings Statutory Trust III
 Global Corporate Trust Services
 60 Livingston Ave, EP-MN-WS1D, St. Paul, MN 55107
 Date or dates debt was incurred 5/12/2004
 Last 4 digits of account number _____

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Debentures

Is the claim subject to offset?
 No
 Yes

Debtor Scottish Annuity & Life Insurance Company (Cayman) Ltd.
Name

Case number (if known)

18-10161

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 0

U.S. Bank National Association as Institutional Trustee of Scottish Holdings Statutory Trust III
Global Corporate Trust Services
60 Livingston Ave, EP-MN-WS1D, St. Paul, MN 55107

Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Date or dates debt was incurred 5/12/2004
 Last 4 digits of account number _____

Basis for the claim: _____
 Is the claim subject to offset?
 No.
 Yes.

3.23 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 500

Michael Vild
102 Van Dam Street
Saratoga Springs, NY 12886

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred 1/25/18
 Last 4 digits of account number _____

Basis for the claim: Board Meeting Fee
 Is the claim subject to offset?
 No.
 Yes.

3.24 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 63,014,401

Wilmington Trust Corporation as Institutional Trustee of SFL Statutory Trust I
1100 North Market Street
Wilmington, DE 19890-1600

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred 12/15/2004
 Last 4 digits of account number _____

Basis for the claim: Debentures
 Is the claim subject to offset?
 No.
 Yes.

3.25 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 0

Wilmington Trust Corporation as Institutional Trustee of SFL Statutory Trust I
1100 North Market Street
Wilmington, DE 19890-1600

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred 12/15/2004
 Last 4 digits of account number _____

Basis for the claim: _____
 Is the claim subject to offset?
 No.
 Yes.

3.26 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ _____

Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Basis for the claim: _____
 Is the claim subject to offset?
 No.
 Yes.

Debtor Scottish Annuity & Life Insurance Company (Cayman) Ltd.
Name

Case number (if known) 18-10161

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	<u>Lee S. Attanasio</u> <u>Sidley Austin LLP</u> <u>787 Seventh Ave., New York, NY 10019</u>	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.2.	<u>Colin M Bernardino</u> <u>Kilpatrick Townsend & Stockton LLP</u> <u>1100 Peachtree Street NE, Suite 2800, Atlanta, GA 30309</u>	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	<u>BNY Mellon, Corporate Trust as Indenture Trustee</u> <u>BNY Mellon Corporate Trust, Insurance Trust Unit</u> <u>101 Barclay Street, 7E Floor NY, NY 10286</u>	Line <u>3.17, 3.19, 3.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	<u>Kimberly S. Cohen</u> <u>Shipman & Goodwin LLP</u> <u>One Constitution Plaza Hartford, CT 06103</u>	Line <u>3.17, 3.19, 3.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.1.	<u>Hildene Capital Management, LLC</u> <u>700 Canal Street, Second Floor, Ste 12C</u> <u>Stamford, CT 06902</u>	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	<u>Kathleen M. LaManna</u> <u>Shipman & Goodwin LLP</u> <u>One Constitution Plaza Hartford, CT 06103</u>	Line <u>3.17, 3.19, 3.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.6.	<u>Robert W. Mallard</u> <u>Dorsey & Whitney (Delaware) LLP</u> <u>300 Delaware Avenue, Suite 1010, Wilmington, DE 19801</u>	Line <u>3.17, 3.19, 3.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.7.	<u>R. Stephen McNeill</u> <u>Potter Anderson & Corroon LLP</u> <u>1313 N. Market St., PO Box 651, Wilmington, DE 19899</u>	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.8.	<u>Todd C. Meyers</u> <u>Kilpatrick Townsend & Stockton LLP</u> <u>1100 Peachtree Street NE, Suite 2800, Atlanta, GA 30309</u>	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.9.	<u>Eric J. Monzo</u> <u>Morris James LLP</u> <u>500 Delaware Avenue, Suite 1500, PO Box 2306, Wilmington, DE 19899-2306</u>	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.10.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11.	_____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Debtor

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0

5b. Total claims from Part 2

5b.

+ \$ 166,501,628.33

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ 166,501,628.33