

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

In re

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

Debtors.<sup>1</sup>

Chapter 11

Case No. 18-10160 (LSS)

Jointly Administered

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

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<sup>1</sup> 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 5/2/18  
MM / DD / YYYY

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

**Part 2: Summary of Liabilities**

<p>2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (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. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>.....</p>	\$ _____
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>.....</p>	+ \$ <u>166,505,816.01</u>
<p>4. <b>Total liabilities</b>..... Lines 2 + 3a + 3b</p>	\$ <u>166,505,816.01</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
<p><b>2.1</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>2.2</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>2.3</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>

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
<b>3.1</b> Nonpriority creditor's name and mailing address BNY Mellon as Indenture Trustee of GPIC Holdings Inc. Statutory Trust BNY Mellon Corporate Trust, Insurance Trust Unit 101 Barclay Street, 7E Floor, New York, NY 10286 Date or dates debt was incurred <u>11/14/2003</u> Last 4 digits of account number _____	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 Basis for the claim: <u>Debentures</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2</b> Nonpriority creditor's name and mailing address BNY Mellon as Institutional Trustee of GPIC Holdings Inc. Statutory Trust BNY Mellon Corporate Trust, Insurance Trust Unit 101 Barclay Street, 7E Floor, New York, NY 10286 Date or dates debt was incurred <u>11/14/2003</u> Last 4 digits of account number _____	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 Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3</b> Nonpriority creditor's name and mailing address BNY Mellon BNY Mellon Corporate Trust, Insurance Trust Unit 101 Barclay Street, 7E Floor, New York, NY 10286 Date or dates debt was incurred <u>1/18/2003</u> Last 4 digits of account number _____	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 Basis for the claim: <u>Bank fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.4</b> Nonpriority creditor's name and mailing address Business Wire PO Box 45348 San Francisco, CA 94105-0348 Date or dates debt was incurred <u>1/28/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 4,890.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.5</b> Nonpriority creditor's name and mailing address Highmark Life Insurance Co. PO Box 535061 Pittsburgh, PA 15235-5061 Date or dates debt was incurred <u>1/18/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 150,283.60</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trust True UP</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<b>3.6</b> AMENDED 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 Date or dates debt was incurred <u>1/04/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 100,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expense Reimbursement</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

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  
 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  
 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 ADDED 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

3.9 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

3.10 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

Basis for the claim: Management Services

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

Is the claim subject to offset?  
 No  
 Yes

3.11 Nonpriority creditor's name and mailing address  
 Navex Global  
 PO Box 60941  
 Charlotte, NC 28260-0941

As of the petition filing date, the claim is: \$ 4,187.68  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred 1/3/2018  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

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  
 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  
 Liquidated and neither contingent nor 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

3.13 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

3.14 Nonpriority creditor's name and mailing address  
 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

As of the petition filing date, the claim is: \$ 22,601,936  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Debentures

Date or dates debt was incurred 12/4/2002  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

3.15 Nonpriority creditor's name and mailing address  
 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

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

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred 12/4/2002  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

3.16 Nonpriority creditor's name and mailing address  
 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

As of the petition filing date, the claim is: \$ 25,736,000  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Debentures

Date or dates debt was incurred 10/29/2003  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

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  
 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 \_\_\_\_\_

As of the petition filing date, the claim is: \$ 0  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 Liquidated and neither contingent nor disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  
 No  
 Yes

3.18 Nonpriority creditor's name and mailing address  
 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 \_\_\_\_\_

As of the petition filing date, the claim is: \$ 40,941,627  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Debentures  
 Is the claim subject to offset?  
 No  
 Yes

3.19 Nonpriority creditor's name and mailing address  
 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 \_\_\_\_\_

As of the petition filing date, the claim is: \$ 0  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  
 No  
 Yes

3.20 Nonpriority creditor's name and mailing address  
 Michael Vild  
 102 Van Dam Street  
 Saratoga Springs, NY 12886  
 Date or dates debt was incurred 1/25/2018  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: \$ 500  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Board Meeting Fees  
 Is the claim subject to offset?  
 No  
 Yes

3.21 Nonpriority creditor's name and mailing address  
 Wilmington Trust Corporation as Institutional Trustee of SFL Statutory Trust I  
 1100 North Market Street  
 Wilmington, DE 19890-1600  
 Date or dates debt was incurred 12/15/2004  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: \$ 63,014,401  
 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

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

Date or dates debt was incurred 12/15/2004

Last 4 digits of account number                    

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

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?  
 No.  
 Yes.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

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.

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. Lee S. Attanasio Sidley Austin LLP 787 Seventh Ave., New York, NY 10019	Line 3.6 <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. Colin M Bernardino Kilpatrick Townsend & Stockton LLP 1100 Peachtree Street NE, Suite 2800, Atlanta, GA 30309	Line 3.21 <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. BNY Mellon, Corporate Trust as Indenture Trustee BNY Mellon Corporate Trust, Insurance Trust Unit 101 Barclay Street, 7E Floor NY, NY 10286	Line 3.14, 3.16, 3.18 <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. Kimberly S. Cohen Shipman & Goodwin LLP One Constitution Plaza Hartford, CT 06103	Line 3.14, 3.16, 3.18 <input type="checkbox"/> Not listed. Explain _____	____ _
41. Hildene Capital Management, LLC 700 Canal Street, Second Floor, Ste 12C Stamford, CT 06902	Line 3.18 <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. Kathleen M. LaManna Shipman & Goodwin LLP One Constitution Plaza Hartford, CT 06103	Line 3.14, 3.16, 3.18 <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. Robert W. Mallard Dorsey & Whitney (Delaware) LLP 300 Delaware Avenue, Suite 1010, Wilmington, DE 19801	Line 3.14, 3.16, 3.18 <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. R. Stephen McNeill Potter Anderson & Corroon LLP 1313 N. Market St., PO Box 651, Wilmington, DE 19899	Line 3.18 <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. Todd C. Meyers Kilpatrick Townsend & Stockton LLP 1100 Peachtree Street NE, Suite 2800, Atlanta, GA 30309	Line 3.21 <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. Eric J. Monzo Morris James LLP 500 Delaware Avenue, Suite 1500, PO Box 2306, Wilmington, DE 19899-2306	Line 3.21 <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

**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.	\$ <u>0</u>
5b. Total claims from Part 2	5b. +	\$ <u>166,505,816.01</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>166,505,816.01</u>