

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name FGL Holdings		2 Issuer's employer identification number (EIN) 98-1354810	
3 Name of contact for additional information Martin Hahn	4 Telephone No. of contact 515-850-5678	5 Email address of contact Martin.Hahn@fglife.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 4th Floor, Boundary Hall Cricket Square		7 City, town, or post office, state, and ZIP code of contact Grand Cayman Cayman Islands KY1-1102	
8 Date of action 06/01/2020		9 Classification and description Merger (please see attachment.)	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol FG	13 Account number(s)

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ Please see attachment.

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ Please see attachment

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ Please see attachment.

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶
Please see attachment.

18 Can any resulting loss be recognized? ▶ Please see attachment.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶
Please see attachment.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ Martin Hahn Date ▶ 7/15/20

Print your name ▶ Martin Hahn Title ▶ VP, Tax

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054