GRANTED WITH MODIFICATIONS

EFiled: Aug 11 2026 09:58AM EDT
Transaction ID 80297283
Case No. 2019-0175-JTL

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF THE LIQUIDATION OF SCOTTISH RE (U.S.), INC.	:	C.A. No. 2019-0175-JTL

ORDER TO SHOW CAUSE CONCERNING THE RECEIVER'S MOTION TO APPROVE RECEIVER'S FIRST REPORT OF CLAIMS RECOMMENDATIONS RELATING TO AGREED REINSURANCE CLAIMS

Please read this Order carefully as it might affect your rights concerning Scottish Re (U.S.), Inc., in Liquidation ("SRUS"). If you do not file a timely response to Receiver's Motion to Approve Receiver's First Report of Claims Recommendations Relating to Agreed Reinsurance Claims (the "Motion to Approve") in accordance with the instructions in this Order, any objection to this Order and any objection to or comments you have concerning the relief sought by the Receiver of SRUS, will be deemed waived and the Court may adjudicate the Motion to Approve and the relief sought therein on that basis. (If you have no objection or comment concerning the Motion to Approve or the relief sought therein, you do not need to take any further action in response to this Order to Show Cause.)

WHEREAS, pursuant to 18 *Del. C.* §§ 5902(a) and 5917(c) and Sections 3.3.1 and 3.5.6 of the Final Determination Procedures, the Receiver of SRUS filed the Motion to Approve seeking to have the Court approve the First Report of Claims Recommendations Relating to Agreed Reinsurance Claims,

WHEREAS, the relief requested in the Motion to Approve included that an Order to Show Cause be entered setting a date for objections to be filed, if any, to the Motion to Approve.

NOW, THEREFORE, IT IS HEREBY ORDERED THAT:

OBJECTION DEADLINE

1. Any interested party who has an objection to the Motion to Approve must file their objection under the procedures set forth in this Order with the Court so that the objection is actually received by the Court **on or before October 1, 2026** (the "Objection Deadline). Please review the Objection Procedure and Objection Deadline set forth in Paragraph 2 below. If an interested party does not file an objection on or before the Objection Deadline, any objection which such party has to the Motion to Approve or the relief sought therein will be deemed to have been waived, and the court may grant the Receiver's Motion to Approve.

OBJECTION PROCEDURE

3. Any objection must be filed in writing on or before the Objection Deadline by Delaware counsel through electronic service as required by the Court's Rules or by unrepresented individuals with the Court at the Court's address at:

Register in Chancery
Court of Chancery of the State of Delaware
Leonard L. Williams Justice Center
500 North King Street
Wilmington, DE 19801

and shall include the following information:

a. The caption of these proceedings:

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF	)
THE LIQUIDATION OF	) C.A. No. 2019-0175-JTL
SCOTTISH RE (U.S.), INC.	)

b. the nature of the document being filed (i.e., Objection to the Receiver's Motion to Approve Receiver's First Report of Claims Recommendations Relating to Agreed Reinsurance Claims) and the name of the party on whose behalf such document is being filed;

c. the name, address, and telephone number of the person filing the document;

d. the date the document is being filed; and

e. the grounds for such party's objection to the Motion to Approve and the relief sought therein.

AN EVIDENTIARY HEARING WILL BE HELD ONLY IF NECESSARY

3. An evidentiary hearing on the Administrative Expenses Motion will be scheduled only if there are any objections filed on or before the Objection Deadline set forth in Paragraph 1 above.

NOTICE OF THIS ORDER TO SHOW CAUSE

4. Within five (5) business days of receipt of this signed Order to Show Cause, the Receiver shall serve copies of this Order to Show Cause, the Motion to Approve with Exhibits, and the proposed form of Order Approving the Receiver's recommendation via email or first class mail on (1) each of the cedents subject to a recommendation in the First Report of Claims Recommendations;

and (2) the reinsurers for those claims of the cedents subject to a recommendation in the First Report of Claims Recommendations.

5. Within five (5) business days of receipt of this signed Order to Show Cause, the Receiver shall post a copy of this Order to Show Cause, the Motion to Approve with Exhibits, and the proposed form of Order Approving the Receiver's recommendations on the SRUS (in Liquidation) website.

6. If no objection is timely filed to the Motion to Approve, the Court may enter an Order granting the relief sought by the Receiver.

SO ORDERED this _____ day of _____, 2026.

_____
Vice Chancellor J. Travis Laster

This document constitutes a ruling of the court and should be treated as such.

Court:	DE Court of Chancery Civil Action
Judge:	J Travis Laster
File & Serve Transaction ID:	80265076
Current Date:	Aug 11, 2026
Case Number:	2019-0175-JTL
Case Name:	CONF ORDER - IN THE MATTER OF THE LIQUIDATION OF SCOTTISH RE (U.S.), INC.
Court Authorizer:	J Travis Laster

Court Authorizer Comments:

The objection deadline is November 6, 2026.

/s/ Judge J Travis Laster

EFiled: Aug 07 2026 04:52PM EDT
Transaction ID 80265076
Case No. 2019-0175-JTL

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF THE LIQUIDATION OF SCOTTISH RE (U.S.), INC.	:	C.A. 2019-0175-JTL

RECEIVER'S MOTION TO APPROVE RECEIVER'S FIRST REPORT OF CLAIMS RECOMMENDATIONS RELATING TO AGREED REINSURANCE CLAIMS

Petitioner, the Honorable Trinidad Navarro, Insurance Commissioner of the State of Delaware, in his capacity as the Receiver ("Receiver") of Scottish Re (U.S.), Inc. in Liquidation ("SRUS"), presents to this Honorable Court the Motion to Approve (the "Motion to Approve") Receiver's First Report of Claims Recommendations Relating to Agreed Reinsurance Claims (the "First Claims Recommendation Report") pursuant to 18 *Del. C.* § 5917(c) and Sections 3.3.1 and 3.3.4 of the Final Determination Procedures (D.I. 1033, Ex. 4).

INTRODUCTION

This Motion is the culmination of the procedures put in place to expeditiously determine and adjudicate the proofs of claim relating to those significant amounts that are due to cedents who have unpaid losses under reinsurance treaties relating to deaths which occurred on or prior to September 30, 2023. The Receiver sent out financial information showing the amount due

on SRUS's financial records for claims of cedents for unpaid losses under reinsurance treaties relating to deaths which occurred on or prior to September 30, 2023 ("Cedent Reinsurance Claims"). Along with this information, the Receiver sent out Proof of Claim forms pre-filled out with the amount shown on SRUS's financial records as being due. Of the one hundred and five (105) cedents that submitted proofs of claim for Cedent Reinsurance Claims, forty-three (43) have agreed with the number sent by the Receiver, totaling over $170,000,0000. The Receiver anticipates filing further recommendations based on agreed amounts as he reconciles differences in the remaining cedents' accountings and the Receiver's records. This Motion seeks approval of those forty-three (43) agreed-upon Cedent Reinsurance Claims set forth in the First Claims Recommendation Report.

I. Background

1. SRUS was placed into Rehabilitation by Order of this Court on March 6, 2019 (D.I. 18) (the "Rehabilitation Order").

2. The Rehabilitation Order, *inter alia*, enjoined the payment of claims to creditors, "without the prior written permission of the Commissioner or until further Order of this Court." (D.I. 18 at ¶ 11).

3. The Rehabilitation Order also enjoined the offset of claims by creditors, (*Id.* at ¶ 12).

4. As part of the Rehabilitation, the Receiver instituted a Court-approved Offset Procedure, pursuant to which cedents, via stipulation, were permitted to offset claims (payments for deaths) which SRUS would have paid if not for the Rehabilitation Order against premiums that were due to SRUS.

5. In addition, as part of the Rehabilitation, the Receiver made an interim payments to cedents. (*See* D.I. 682).

6. By Order dated July 18, 2023, the Court converted the Rehabilitation proceeding into a Liquidation. (D.I. 799) (the "Liquidation Order").

7. The Liquidation Order continued the injunction on the payment of claims to creditors "without the prior written permission of the Commissioner or until further Order of this Court." (Id. at ¶ 12)

II. The Receiver's Procedures for Cedent Reinsurance Claims and the Agreed Upon Proofs of Claim

8. On or about March 26, the Receiver submitted the Receiver's Procedures for Cedent Reinsurance Claims (Cedent Creditors of SRUS Only) (D.I. 847) (the "CR Procedures"), which were approved by the Court subject to modification (D.I. 1030), which modifications were submitted on December 22, 2025 (D.I. 1033, Ex. 1).

9. The CR Procedures provided the method by which the Receiver evaluated and determined claims of cedents for unpaid losses under reinsurance treaties relating to deaths which occurred on or prior to September 30, 2023.

10. Pursuant to the CR Procedures, the Receiver provided to its cedents information contained in the records of SRUS of: (1) the aggregate undisputed amount (for all treaties) due from SRUS before deduction for offset; (2) the aggregate offset shown on the records of SRUS; and (3) the total undisputed amount due, equaling the sum of the aggregate undisputed amount less the aggregate offset amount, if any. (Sworn Declaration of GianClaudio Finizio ("Finizio Declaration" or "Finizio Dec.") at ¶¶ 3-7). A true and correct copy of the Finizio Declaration is attached hereto as Exhibit "A."

11. Of the one hundred and five (105) cedents that returned the POC Forms, forty-three (43) have agreed to the total undisputed claims amount that SRUS provided to the cedent, and each has acknowledged their agreement on paragraph 7 of the POC Claim Form and by the notarized signature of an authorized representative of the cedent on page 2 of that form ("Agreed CR POC") (*Id.* at ¶ 10).

12. Individual copies of the filed POC Form for each Agreed CR POC are attached to the Finizio Dec. as Exhibits B-1 through B-43. (*Id.* at ¶ 11, Ex. "B").

13. A Schedule of Agreed CR POCs is attached to the Finizio Declaration as Exhibit "A." It lists, for each cedent that filed an Agreed CR POC with the Receiver, (i) the internal number assigned by the Receiver's liquidation team to the POC, (ii) the date the POC was received, (iii) the name of the cedent (claimant), (iv) the class and value of the agreed POC, and (v) the exhibit number (i.e. Exhibit B-1

through 44) where the copy of the POC is located in Exhibit B. (*Id.* at ¶ 12, Ex. "A").

14. Pursuant to Section 4.3 of the Final Determination Procedures,[1] SRUS's retrocessionaires are to be provided with reasonable notice of pending claims[2] and are not prevented from conducting their own independent claim investigations. (D.I. 1033, Ex. 4).

15. Pursuant to Section 4.3, those retrocessionaires may raise their own defense to a claim recommendation by objection to that recommendation. (*Id.*).

III. The Receiver' Recommendations

16. The initial step in the approval of claims filed in a liquidation proceeding is that the Receiver makes a recommendation regarding the claim, after which the court entertains the claim and rules on it. *In re Liquidation of Freestone Ins. Co.*, 143 A.3d 1234, 1245-46 (Del. Ch. 2016); 18 *Del. C.* § 5917(c)-(d).

17. Under the Final Determination Procedures, the filing of the Receiver's Recommendation will initiate the final determination process for Proofs of Claim referenced in the recommendation. (D.I. 1033, Ex. 4 at 3.2.2).

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[1] The Receiver submitted the Final Determination Procedures on June 17, 2024 (D.I. 921). They were approved by the Court subject to modification (D.I. 1032), which modifications were submitted on December 22, 2025 (D.I. 1033, Ex. 4).

[2] As the Recommendations set forth in the First Claims Recommendation Report are for the amounts contained in SRUS's financial records (Finizio Dec. at ¶ 3-7), SRUS has provided the applicable retrocessionaires with sufficient notice of the amount recommended. *See* D.I. 989, at p. 23).

18. For Cedent Reinsurance Claims in which the cedent agreed with the value placed on the Cedent Reinsurance Claim by the Receiver, the CR Procedures require:

> No later than forty-five (45) days after the Bar Date, the Receiver shall submit all Cedent Reinsurance POCs in which a Cedent has accepted the Total Undisputed Claims Amount, along with the Receiver's recommendation, to the Chancery Court for final determination pursuant to the procedures for final Determination of Claims.

CR Procedures, D.I. 1033, Ex. 1 at ¶ 3.5.6.

19. On August 7, 2026, the Receiver filed its First Claims Recommendation Report. (D.I. 1061). A copy of the First Claims Recommendation Report is attached hereto as Exhibit "A."

a. Recommendation as to Priority

20. The First Claims Recommendation Report recommends that each of the forty-three (43) Cedent Reinsurance Claims included in the First Claims Recommendation Report should be accorded priority Class VI. (Ex. A, at ¶¶ 7, 15, Schedule 1).

21. The CR Procedures states that "All timely filed Cedent Reinsurance Claims, unless notified otherwise, are Priority Class 6 pursuant to 18 *Del. C.* § 5918(e)(6)." (D.I. 1033, Ex. 1 at II(k)).

22. Priority Class VI claims include:

> Class VI. — Claims of general creditors ***including, but not limited to, claims of ceding and assuming insurers in their capacity as such***, and

> claims of insurers, insurance pools or underwriting associations for contribution, indemnity or subrogation, equitable or otherwise. This class shall include any claims of the guaranty associations, federal or any state or local government to the extent such claims are not otherwise included in Class II, Class III, Class IV or Class V in paragraphs (e)(2) through (5) of this section.

18 *Del. C.* § 5918(e)(6) (emphasis added).[3]

b. Recommendations as to Value

23. The First Claims Recommendation Report lists, in Schedule 1 to the Report, the POC Number, Claimant Name, Recommended Priority Class, and Recommended Value for each POC. (Ex. A at ¶¶ 11-13, Schedule 1).

24. Schedule 1 to the Receiver's First Claim Recommendation Report contains the same claimants who filed Agreed CR POCs as attached to the Finizio Dec. at Exs. B1 through-B-43, and listed in Exhibit "A," to the Finizio Dec.

25. The amounts recommended by the Receiver on Schedule 1 of First Claims Recommendation Report are the agreed amounts submitted by the applicable cedents as listed in the Agreed CR POCs.[4] (Ex. A, Schedule 1, Finizio Dec. at ¶ 12, Ex. A, and B-1 through B-43).

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[3] Cedent Reinsurance Claims are expressly excluded from Priority Class III, which excludes, *inter alia*, "[c]laims arising under reinsurance contracts, including any claims for reinsurance premium due." 18 Del. C. § 5918(e)(3)(a)

[4] One of the Agreed CR POCs omitted the amount on the form (POC # 00012). The Receiver confirmed with the affected cedent that the cedent agreed to the amount which was included in the financial information provided to that cedent along with the POC form, and that amount is reflected in Schedule 1 to Ex. A, and Ex. A to the Finizio Dec. Finizio Dec. at ¶ 13.

26. For one of the claims in the First Report of Claims Recommendations, the Receiver recommends a value of $0 (POC # 00057). For one other claim, the Receiver's recommendation is for negative $118,981.23 (POC # 00043). For the remaining forty (40) claims, the Receiver recommends varying values, totaling $171,085,496.30.

IV. The Court Should Approve the Receiver's Recommendations

27. The Final Determination Procedures requires the Receiver to submit, with regard to its recommendation on claims where a cedent has accepted the value provided to that cedent for its Cedent Reinsurance Claims:

a. the agreed upon amount and priority classification as the Receiver's Recommendation (D.I. 1033, Ex. 4 at 3.3.1);

b. a Declaration of Agreed POC (*Id.* at 3.3.2); with both (a) and (b) containing

c. sufficient information to apprise the Court of the salient facts regarding the POC and the parties' agreement such that the Court may, at the Court's discretion and with or without an evidentiary hearing, finally determine the agreed POC (*Id.* at 3.3.3).

28. The First Report of Claims Recommendations (Ex. A) and the Finizio Declaration (Ex. B) contain sufficient information to apprise the Court of the salient facts regarding the class and value for the claims of the applicable cedents, such that the Court may finally determine the agreed POCs.

WHEREFORE, pursuant to the Final Determination Plan and 18 *Del. C.* § 5917(d), the Receiver respectfully requests that this Honorable Court enter an Order

approving the Receiver's recommendation on the claims set forth in the Receiver's First Report of Claims Recommendations Relating to Agreed Reinsurance Claims.

BAYARD, P.A.

/s/ GianClaudio Finizio
GianClaudio Finizio (#4253)
600 N. King Street, Suite 400
P.O. Box 25130
Wilmington, Delaware 19899
(302) 655-5000

WORDS: 1,835/3,000

Attorneys for The Honorable Trinidad Navarro, Receiver for Scottish RE (U.S.), Inc., in Liquidation

Dated: August 7, 2026

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Case No. 2019-0175-JTL

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF THE LIQUIDATION OF SCOTTISH RE (U.S.), INC.	:	C.A. 2019-0175-JTL

[PROPOSED] ORDER APPROVING THE FIRST CLAIMS RECOMMENDATIONS

WHEREAS, on July 18, 2023, the Delaware Chancery Court placed Scottish Re (U.S.), Inc. ("SRUS") into liquidation by a Liquidation and Injunction Order ("Liquidation Order"),[1] pursuant to the Delaware Uniform Insurers Liquidation Act, 18 *Del. C.* § 5901, *et seq*.

WHEREAS, the Liquidation Order appointed the Delaware Insurance Commissioner as Receiver (the "Receiver").

WHEREAS, by Order of November 28, 2025,[2] a bar date was set for the filing of claims against SRUS relating to reinsurance on deaths occurring prior to September 30, 2023, for a date six months after the Receiver filed amended procedures.

WHEREAS, the Receiver submitted such procedures on December 22, 2025[3] and therefore the bar date for the filing of proofs of claim against SRUS, including a Proof of Claim ("POC") form, relating to reinsurance on deaths occurring prior to September 30, 2023, was June 23, 2026.

[1] Docket Item ("D.I.") 799.
[2] D.I. 1030.
[3] D.I. 1033, Ex. 1.

WHEREAS, Pursuant to 18 Del. C. §§ 5902(a), 5917(c) and the Final Determination Procedures,[4] the Receiver has filed the First Report of Claims Recommendations[5] ("First Report").

WHEREAS, the Court has entered an Order to Show Cause fixing an objection deadline to object to the claims recommendations in the First Report; the Receiver has given notice to claimants whose claims are in the First Report and to retrocessionaires of those cedents; and the Objection Deadline of October 1, 2026 has passed with no objections being filed.

WHEREAS, the Receiver has submitted along with the Recommendation Report, a Declaration of Agreed POC, and

WHEREAS, the Court has considered the Report and Declaration of Agreed POC submitted by the Receiver, has determined the documents contain sufficient information to apprise the Court of the salient facts regarding the class and value for the claims of the applicable cedents, such that the Court may finally determine the agreed POCs without an evidentiary hearing;

NOW, THEREFORE, IT IS HEREBY ORDERED as of the date this Order is entered on the docket of the above-captioned matter as follows:

1. The Receiver's Motion to Approve Receiver's First Report of Claims Recommendations Relating to Agreed Reinsured Claims is GRANTED; and

[4] D.I. 1033, Ex. 4.
[5] D.I. 1061

2. The Recommendation of the Receiver contained in the First Report of Claims Recommendation are allowed in the amounts and at the priority set forth in that Report.

IT IS SO ORDERED.

_____

J. Travis Laster, Vice Chancellor

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EXHIBIT A

EFiled: Aug 07 2026 02:02PM EDT
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Case No. 2019-0175-JTL

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF THE LIQUIDATION OF SCOTTISH RE (U.S.), INC.	:	C.A. 2019-0175-JTL

RECEIVER'S FIRST REPORT OF CLAIMS RECOMMENDATIONS

Petitioner, the Honorable Trinidad Navarro, Insurance Commissioner of the State of Delaware, in his capacity as the Receiver ("Receiver") of Scottish Re (U.S.), Inc. in Liquidation ("SRUS"), presents to this Honorable Court the Receiver's First Report of Claims Recommendations (the "First Claims Recommendation Report") pursuant to 18 *Del. C.* § 5917(c) and Sections 3.3.1 and 3.5.6 of the Final Determination Procedures (D.I. 1033, Ex. 4).

I. Background

1. Both 18 *Del. C.* § 5917(c) and the Final Determination Procedures provide that, *inter alia*, the Receiver will file a recommendation with the Court concerning Claims in which the Proof of Claim process has become final.

2. The Receiver's Procedures for Cedent Reinsurance Claims (the "Cedent Reinsurance Claims Procedures") (D.I. 1033, Ex. 1) and the Final Determination Procedures (D.I. 1033, Ex. 4), set forth the process by which the priority and value of Claims are determined for cedents who have unpaid losses

under reinsurance treaties relating to deaths which occurred on or prior to September 30, 2023.

3. Pursuant to the Cedent Reinsurance Claims Procedures, the Receiver provided to its cedents information contained in the records of SRUS of: (1) the aggregate undisputed amount (for all treaties) due from SRUS before deduction for offset; (2) the aggregate offset shown on the records of SRUS; and (3) the total undisputed amount due, equaling the sum of the aggregate undisputed amount less the aggregate offset amount, if any.

4. Forty-three (43) cedents agreed with the net undisputed amount due, and executed an agreed Cedent Reinsurance POC Form, as set forth in Section 3.5.1 of the Cedent Reinsurance Claims Procedures. These cedents are listed in the attached Schedule 1 (collectively the "Claimants").

5. Section 3.5.6 of the Final Determination Procedures provides for the Receiver to submit, no later than forty-five (45) days after the Bar Date, "all Cedent Reinsurance POCs in which a Cedent has accepted the Total Undisputed Claims Amount, along with the Receiver's recommendation, to the Chancery Court for final determination pursuant to the procedures for Final Determination of Claims."

6. This First Claims Recommendation Report relates solely to the Cedent Reinsurance claims of the Claimants, each of which has accepted the Total Undisputed Claims Amount (the "Cedent Reinsurance Claims").[1]

II. Receiver's First Report of Claims Recommendations

7. The Receiver recommends that all of the Cedent Reinsurance Claims should be accorded Priority Class VI.

8. The Cedent Reinsurance Claims Procedures states that "All timely filed Cedent Reinsurance Claims, unless notified otherwise, are Priority Class 6 pursuant to 18 *Del. C*. § 5918(e)(6)." (D.I. 1033, Ex. 1 at II(k)).

9. Priority Class VI claims include:

> Class VI. — Claims of general creditors ***including, but not limited to, claims of ceding and assuming insurers in their capacity as such***, and claims of insurers, insurance pools or underwriting associations for contribution, indemnity or subrogation, equitable or otherwise. This class shall include any claims of the guaranty associations, federal or any state or local government to the extent such claims are not otherwise included in Class II, Class III, Class IV or Class V in paragraphs (e)(2) through (5) of this section.

18 *Del. C.* § 5918(e)(6) (emphasis added).

[1] This is the first of multiple Claims Recommendation Reports. The Recommendations in this First Claim Recommendation Report relate solely to the Claimants' Cedent Reinsurance Claims. The Claimants having claims in addition to those under the Cedent Reinsurance Claims Procedures may file proofs of claim for those claims, pursuant to the Receiver's Procedures for Claims Not Addressed by the Cedent Reinsurance Claims Procedures (D.I. 1033, Ex. 2).

10. Cedent Reinsurance Claims are expressly excluded from Priority Class III, which ***excludes***, *inter alia*, "[c]laims arising under reinsurance contracts, including any claims for reinsurance premium due." 18 *Del. C.* § 5918(e)(3)(a).

11. The pertinent information for each Cedent Reinsurance Claim, including the Receiver's Recommendation as to class and amount, is shown in the attached Schedule 1.

12. Each of the rows on Schedule 1 represents a single claim.

13. The columns in Schedule 1 provide the following information for each claim:

a. Proof of Claim Number. This is the number assigned to the Proof of Claim ("POC") by the Receiver.

b. Claimant. This is the name of the claimant submitting the POC.

c. Recommended Priority Class. This is the priority class under 18 *Del. C.* § 5918(e) recommended by the Receiver.[2]

d. Recommended Amount. This is the amount which the claimant agreed was due on the POC form submitted by the claimant, and is the value recommended by the Receiver.

14. Of the Claims listed on Schedule 1, for one of those claims the Receiver recommends a value of $0 (POC # 00057). For one other claim, the Receiver's recommendation is for negative $118,981.23 (POC # 00043). For the remaining

[2] As discussed above, each of the claims on Schedule 1 are claims of ceding insurers in their capacity as such, and thus fall within Class VI under the terms of 18 *Del. C.* § 5918(e)(6).

forty (40) claims, the Receiver recommends varying values, totaling $171,085,496.30.

15. The Receiver recommends that the Court allow the Claims listed on Schedule 1, in the amounts listed on Schedule 1 at Priority Class VI.

Date: 8/5/20

MICHAEL J. JOHNSON
Deputy Receiver of Scottish Re (U.S.), Inc. in Liquidation

EFiled: Aug 07 2026 02:02PM EDT
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EXHIBIT 1

Schedule 1 to Receiver's First Claims Recommendation Report

POC	Claimant	Recommended Priority Class	Recommended Amount
00002	United Farm Family Life Insurance Company	VI	$81,547.29
00003	Police & Firemens Ins Assoc	VI	$186,000.00
00004	Assured Life Association	VI	$33,065.31
00006	John Hancock Life Insurance Company	VI	$12,755,271.03
00007	John Hancock Life Insurance Company of New York	VI	$1,232,849.35
00009	Pan-American Life Insurance Company, As Successor In Interest VIA Merger With Encova Life Insurance Company	VI	$87,881.06
00010	USAA Life Insurance Company of New York	VI	$54,443.72
00011	USAA Life Insurance Company	VI	$2,438,889.76
00012	Gleaner Life Insurance Society	VI	$456,973.53
00013	Homesteaders Life Company	VI	$15,294,379.65
00016	The Guardian Life Insurance Company of America	VI	$175,265.08
00018	EMC National Life Company	VI	$33,404.01
00021	National Benefit Life Insurance Company	VI	$2,516,306.12
00022	Symetra Life Insurance Company	VI	$114,488.97
00023	Nassau Life Insurance Company	VI	$2,791,614.62
00024	Nassau Life & Annuity Company	VI	$3,235,060.22
00025	Nassau Life Insurance Company, as successor in interest to Delaware Life Insurance Company of New York	VI	$104,830.13
00026	Employers Reassurance Corporation	VI	$14,306,588.84
00027	Jackson National Life Insurance Company	VI	$29,927,453.53
00036	The Lafayette Life Insurance Company	VI	$1,648.25
00041	United Life Insurance Company	VI	$85,598.69

POC	Claimant	Recommended Priority Class	Recommended Amount
00042	Transamerica Life Insurance Company	VI	$49,154,585.09
00043	Transamerica Life Bermuda Ltd	VI	($118,981.23)
00044	Transamerica Financial Life Insurance Company	VI	$2,103,886.46
00045	PHL Variable Insurance Company	VI	$14,131,286.34
00057	Brighthouse Life Insurance Company of NY	VI	$0.00
00058	United Fidelity Life	VI	$63,220.16
00068	Ohio National Life Assurance Company	VI	$44,670.02
00069	Ohio National Life Insurance Company	VI	$44,646.73
00070	Assurity Life Insurance Company	VI	$321,663.69
00071	Aurora National Life Assurance Company	VI	$41,477.13
00074	SCOR Global Life Americas Reinsurance Company	VI	$1,003,119.01
00075	S. USA Life Insurance Company Inc.	VI	$54,688.98
00078	Delaware Life Insurance Company	VI	$803,126.85
00086	Nassau Life Insurance Company of Kansas	VI	$121,858.27
00087	Principal Life Insurance Company	VI	$580,883.95
00088	Texas Life Insurance Company	VI	$282,847.74
00089	Wilcac Life Insurance Company	VI	$2,721,208.67
00092	Wilton Reinsurance Life Company of New York	VI	$1,678,328.68
00094	Athene Annuity and Life Assurance of New York	VI	$426,782.89
00097	American General Life Insurance Company	VI	$10,689,843.88
00098	United States Life Insurance Company in the City of New York	VI	$823,925.62
00099	Delaware Life Insurance Company	VI	$79,887.00

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF THE LIQUIDATION OF SCOTTISH RE (U.S.), INC.	:	C.A. 2019-0175-JTL

SWORN DECLARATION OF PROOF OF CLAIM

I, GianClaudio Finizio, Esquire, being duly sworn, according to law, depose and state that:

1. I am an attorney admitted to practice law in the State of Delaware and a Director of Bayard, P.A. ('Bayard"). I serve as counsel to The Honorable Trinidad Navarro, Insurance Commissioner of the State of Delaware, in his capacity as the Receiver (the "Receiver") of Scottish Re (U.S.), Inc. in Liquidation ("SRUS"). As such, I have personal knowledge of the facts set forth below.

2. I am authorized by the Receiver to make this Sworn Declaration of Proof of Claim for the purposes of providing information to the Court for review and consideration as part of the Final Determination Procedures ("FDP"), in particular those referenced in Section 3.3 of the FDP, and do so in support of the Receiver's Claims Recommendation Report of Agreed POCs.

3. Pursuant to Cedent Reinsurance Procedures (the "CR Procedures") 3.1.3 and 3.3.1, Bayard served a Cedent Proof of Claim Packet concerning cedent reinsurance claims on all cedents of SRUS who had reinsurance agreements or treaties with SRUS prior to the cancellation of such treaties by operation of paragraph 20 of the Liquidation Order (D.I. 799, ¶ 20; D.I. 1033, ¶¶ 3.1.3 and 3.3.1).

4. Pursuant to CR Procedure 3.1.3, the packet included: (a) Cedent Reinsurance Proof of Claim Summary Sheet ("CR POC Summary Sheet") in the form attached to the CR Procedures as Exhibit "A" (D.I. 1033, ¶ 3.1.3, Ex. A); (b) a Cedent Proof of Claim form for Cedent Reinsurance Claims ("CR Claim POC") in the form attached to the CR Procedures as Exhibit "B". (D.I. 1033, ¶ 3.1.3, Ex. B); and (c) a Proof of Claim Spreadsheet and Instructions ("CR POC Spreadsheet") in the form attached to the CR Procedures as Exhibit "C". (D.I. 1033, ¶ 3.1.3, Ex. C).

5. The CR POC Summary Sheet provided certain financial information – unique to each cedent as of the date identified on the summary. The financial information included the aggregate undisputed amount (for all treaties) due from SRUS before deduction for offset, the aggregate offset shown on the records of SRUS for amounts (all treaties) due to SRUS and the total amount of the cedent's claims that SRUS did not dispute. The total undisputed amount equals the sum of the aggregate undisputed amount less the aggregate offset amount, if any. (D.I. 1033, ¶ 3.2.3).

6. The CR Claim POC lists the name of the cedent, the total undisputed claim amount as calculated on the CR POC Summary Sheet and asks the cedent to decide whether to accept the total undisputed claim amount. (D.I. 1033, ¶¶ 3.3.1 and 3.3.2).

7. The financial information presented in the CR Claim POC and the CR POC Summary Sheet was sourced from the financial records of SRUS, including those of its third-party administrator, Hannover, as well as information reported to

SRUS/Hanover by the individual cedents and was used by SRUS/Hanover in preparing SRUS's statements of account with respect to the cedent reinsurance relationships.

8. If the cedent accepts the total undisputed claims amount provided by SRUS on the CR Claim POC, the cedent is to acknowledge acceptance by checking "YES" in paragraph 7 of the form. (D.I. 1033, ¶ 3.5.1, Ex. B, ¶ 7).

9. The CR POC Spreadsheet is to be completed by cedents when the cedent disagrees with SRUS's position as to undisputed claims. (D.I.1033, ¶¶ 3.4.1 and 3.4.2). Disputed amounts are not at issue in the Receiver's Claim Recommendation Report of Agreed POCs.

10. Of the 105 cedents that returned the CR POC Forms, 43 have agreed to the total undisputed claims amount identified by SRUS on the CR POC Summary Sheet and CR POC Claim Form provided to the cedent, and have acknowledged their agreement on paragraph 7 of the CR POC Claim Form and by the notarized signature of an authorized representative of the cedent on page 2 of the CR POC Claim Form.

11. The individual recommendations for agreed POCs are identified in the Schedule of Agreed POCs attached hereto as Exhibit "A" and copies of the filed POC Form for each agreed CR POC Claim are attached hereto as Exhibit "B".

12. Exhibit A identifies, for each cedent that filed an agreed CR POC with the Receiver, (i) the internal number assigned by the Receiver's liquidation team to the POC, (ii) the date the POC was received, (iii) the name of the cedent (claimant),

(iv) the class and value of the agreed POC, and (v) the exhibit number (*i.e.* Exhibit B-1 through 43) where the copy of the POC is located in Exhibit B.

13. The CR POC Summary Sheet served on Gleaner Life Insurance Society ("Gleaner") by the Receiver's team did not contain the total undisputed aggregated detail. However, the included spreadsheet with supporting details did contain the aggregate undisputed claim total in the amount of $456,973.53 to which Gleaner Life Insurance Society indicated its agreed acceptance on the CR POC. Subsequent to receiving the Gleaner CR POC, counsel for the Receiver confirmed the agreed upon undisputed claim amount with counsel for Gleaner.

14. I make this Sworn Declaration in support of the Receiver's Motion to Approve the Receiver's Recommendation Report of Agreed POCs as the final determination of class and value for the claims identified in the report.

SWORN TO AND SUBSCRIBED before me this 7th day of August, 2026.

GianClaudio Finizio, Esquire

Notary Public
My Commission Expires: 9/9/2026

DEANNA G. MURPHY
NOTARY PUBLIC
STATE OF DELAWARE
MY COMMISSION EXPIRES SEPTEMBER 9, 2026

EXHIBIT A

POC	Date Received	Claimant	Agreed Amount	POC Exhibit
00002	3/5/2026	United Farm Family Life Insurance Company	$81,547.29	B-1
00003	3/6/2026	Police & Firemens Ins Assoc	$186,000.00	B-2
00004	3/12/2026	Assured Life Association	$33,065.31	B-3
00006	5/28/2026	John Hancock Life Insurance Company	$12,755,271.0	B-4
00007	5/28/2026	John Hancock Life Insurance Company of New York	$1,232,849.35	B-5
00009	6/8/2026	Pan-American Life Insurance Company, As Successor In Interest VIA Merger With Encova Life Insurance Company	$87,881.06	B-6
00010	6/9/2026	USAA Life Insurance Company of New York	$54,443.72	B-7
00011	6/9/2026	USAA Life Insurance Company	$2,438,889.76	B-8
00012	6/9/2026	Gleaner Life Insurance Society	$456,973.53	B-9
00013	6/10/2026	Homesteaders Life Company	$15,294,379.65	B-10
00016	6/12/2026	The Guardian Life Insurance Company of America	$175,265.08	B-11
00018	6/16/2026	EMC National Life Company	$33,404.01	B-12
00021	6/17/2026	National Benefit Life Insurance Company	$2,516,306.12	B-13
00022	6/17/2026	Symetra Life Insurance Company	$114,488.97	B-14
00023	6/17/2026	Nassau Life Insurance Company	$2,791,614.62	B-15
00024	6/17/2026	Nassau Life & Annuity Company	$3,235,060.22	B-16
00025	6/17/2026	Nassau Life Insurance Company, as successor in interest to Delaware Life Insurance Company of New York	$104,830.13	B-17
00026	6/18/2026	Employers Reassurance Corporation	$14,306,588.84	B-18
00027	6/18/2026	Jackson National Life Insurance Company	$29,927,453.53	B-19
00036	6/19/2026	The Lafayette Life Insurance Company	$1,648.25	B-20
00041	6/19/2026	United Life Insurance Company	$85,598.69	B-21
00042	6/19/2026	Transamerica Life Insurance	$49,154,585.09	B-22

POC	Date Received	Claimant	Agreed Amount	POC Exhibit
		Company		
00043	6/19/2026	Transamerica Life Bermuda Ltd	($118,981.23)	B-23
00044	6/19/2026	Transamerica Financial Life Insurance Company	$2,103,886.46	B-24
00045	6/19/2026	PHL Variable Insurance Company	$14,131,286.34	B-25
00057	6/22/2026	Brighthouse Life Insurance Company of NY	$0.00	B-26
00058	6/22/2026	United Fidelity Life	$63,220.16	B-27
00068	6/22/2026	Ohio National Life Assurance Company	$44,670.02	B-28
00069	6/22/2026	Ohio National Life Insurance Company	$44,646.73	B-29
00070	6/22/2026	Assurity Life Insurance Company	$321,663.69	B-30
00071	6/22/2026	Aurora National Life Assurance Company	$41,477.13	B-31
00074	6/23/2026	SCOR Global Life Americas Reinsurance Company	$1,003,119.01	B-32
00075	6/23/2026	S. USA Life Insurance Company Inc.	$54,688.98	B-33
00078	6/23/2026	Delaware Life Insurance Company	$803,126.85	B-34
00086	6/23/2026	Nassau Life Insurance Company of Kansas	$121,858.27	B-35
00087	6/23/2026	Principal Life Insurance Company	$580,883.95	B-36
00088	6/23/2026	Texas Life Insurance Company	$282,847.74	B-37
00089	6/23/2026	Wilcac Life Insurance Company	$2,721,208.67	B-38
00092	6/23/2026	Wilton Reinsurance Life Company of New York	$1,678,328.68	B-39
00094	6/23/2026	Athene Annuity and Life Assurance of New York	$426,782.89	B-40
00097	6/23/2026	American General Life Insurance Company	$10,689,843.88	B-41
00098	6/23/2026	United States Life Insurance Company in the City of New York	$823,925.62	B-42
00099	6/23/2026	Delaware Life Insurance Company	$79,887.00	B-43

EXHIBIT B

B-1

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00002

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: United Farm Family Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 225 S. East St. Indianapolis IN 46206
3. TEL. NO. (Daytime): 317-692-7735 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: Mandy.Kisamore@infarmbureau.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO (X). If YES, provide attorney's name, address, telephone no. and email. _____

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for United Farm Family Life Insurance Company of **$81,547.29**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
MAR 5 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Mandy Kisamore
Cedent (sign on line above)

Print Name: Mandy Kisamore

Reinsurance Manager
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 26th day of February, 2026

Darlene Kay Warren
Signature of Notary Public

Darlene Kay Warren
Printed Name of Notary Public

I am a resident of Marion County, Indiana.

My commission expires 12.08.2030,

DARLENE KAY WARREN MY COMMISSION EXPIRES 12-8-2030 SEAL MARION COUNTY COMMISSION NUMBER NP0745429 NOTARY PUBLIC - STATE OF INDIANA

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-2

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00003

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Police & Firemens Ins Assn (Type correct name if it differs)
2. MAILING ADDRESS: 101 E 116TH ST, CARMEL, IN 46032
3. TEL. NO. (Daytime): 317-581-1913 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: jmurphy@pfia.net
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Joseph C. Schoell, Faegre Drinker Biddle & Reath, LLP, 222 Delaware Avenue, Suite 1410, Wilmington, Delaware 19801, 302-467-4245, joseph.schoell@faegredrinker.com
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Police & Firemens Ins Assn of **$186,000.00**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.
9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: John E. Murphy

President / CEO

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 4 day of March, 2026

Karen Doctor
Signature of Notary Public

Karen Doctor
Printed Name of Notary Public

I am a resident of Hendricks County, Indiana.

My commission expires 6-30-32,

KAREN DOCTOR
Notary Public
Hendricks County - State of Indiana
Commission Number NP0757307
My Commission Expires Jun 30, 2032

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-3

00004

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Assured Life Association (Type correct name if it differs)
2. MAILING ADDRESS: 6025 S Quebec Street, Ste 320 Centennial, CO 80111
3. TEL. NO. (Daytime): 303.468.3830 4. ALTERNATE TEL. 720.234.7857
5. E-MAIL ADDRESS: dmuller@assuredlife.org
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Hilary D. Wells, Esq., 15051 N. Kierland Blvd. Suite 300, Scottsdale, AZ 85254 (303)10-9150

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Assured Life Association of **$33,065.31**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Diane L Muller
Cedent (sign on line above)

Print Name: Diane L. Muller

Secretary and Vice President of Operations
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 9th day of March, 2026

Heather DePue
Signature of Notary Public

Heather DePue
Printed Name of Notary Public

I am a resident of Arapahoe County, Colorado.

My commission expires August 31, 2027,

HEATHER DEPUE
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20234033620
MY COMMISSION EXPIRES AUG 31, 2027

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-4

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00006

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: **John Hancock Life Insurance Company (U.S.A.)**

2. MAILING ADDRESS: **197 Clarendon Street, Boston MA 02116**

3. TEL. NO. (Daytime): **617-663-3323** 4. ALTERNATE TEL. _____

5. E-MAIL ADDRESS: **sawilliams@jhancock.com**

6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (√). NO ( ). If YES, provide attorney's name, address, telephone no. and email. **Joe Larkin, Skadden, Arps, Slate, Meagher & Flom LLP, One Rodney Square, P.O. Box 636, Wilmington DE 19899-0636, tel: 302-651-3124, joseph.larkin@skadden.com**

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for John Hancock Life Insurance Company (U.S.A.) of **$12,755,271.03**.

(√) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to ___by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: SEAN A WILLIAMS

HEAD, US INFORCE MANAGEMENT

Title or Official Capacity of Signatory for Corporation or Other Entity

SWORN before me at the City of Toronto in the Province of Ontario, Canada, this 27th day of May, 2026.

Signature of Notary Public

Kay Young Song

Printed Name of Notary Public

I am a resident of Toronto, Ontario, Canada.

My commission expires: Not applicable (lifetime appointment)

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-5

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00007

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: **John Hancock Life Insurance Company of New York**
2. MAILING ADDRESS: **100 Summit Lake Drive, 2nd floor, Valhalla, NY 10595**
3. TEL. NO. (Daytime): **617-663-3323** 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: **sawilliams@jhancock.com**
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (√). NO ( ). If YES, provide attorney's name, address, telephone no. and email. **Joe Larkin, Skadden, Arps, Slate, Meagher & Flom LLP, One Rodney Square, P.O. Box 636, Wilmington DE 19899-0636, tel: 302-651-3124, joseph.larkin@skadden.com**

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for John Hancock Life Insurance Company of New York of **$1,232,849.35**.

   (√) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to ___by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: SEAN A WILLIAMS

HEAD, VIS INFORCE MANAGEMENT

Title or Official Capacity of Signatory for Corporation or Other Entity

SWORN before me at the City of Toronto in the Province of Ontario, Canada, this 27th day of May, 2026.

Signature of Notary Public

Kay Young Song

Printed Name of Notary Public

I am a resident of Toronto, Ontario, Canada.

My commission expires: Not applicable (lifetime appointment)

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-6

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00009

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: PAN-AMERICAN LIFE INSURANCE COMPANY, AS SUCCESSOR IN INTEREST VIA MERGER WITH ENCOVA LIFE INSURANCE COMPANY
2. MAILING ADDRESS: 601POYDRAS STREET, NEW ORLEANS, LA 70130.
3. TEL. NO. (Daytime): 504-566-3781 4. ALTERNATE TEL. 504-453-3675
5. E-MAIL ADDRESS: dlagrone@pallg.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO (x). If YES, provide attorney's name, address, telephone no. and email. _____

_____

_____

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Encova Life Insurance Company of **$87,881.06**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Paul Engerisser

Vice President

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 1st day of June, 2026

Signature of Notary Public

Printed Name of Notary Public

I am a resident of Orleans Parish ~~County~~, Louisiana.

My commission expires at death.

DANIEL E. LAGRONE
Notary Public
LA State Bar Roll No. 18990
Parish of Orleans, State of Louisiana
My Commission is Issued for Life

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

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THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-7

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00010

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: USAA Life Insurance Company of New York (Type correct name if it differs)
2. MAILING ADDRESS: 9800 Fredericksburg Rd., San Antonio, Texas 78288
3. TEL. NO. (Daytime): 210-422-4365 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: David.Wheelus@usaa.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin Mangan, Womble Bond Dickinson (US) LLP, 302-252-4361, Kevin.Mangan@wbd-us.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for USAA Life Insurance Company of New York of **$54,443.72**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: David Ramthun

Vice President, Pricing and Reinsurance
Title or Official Capacity of Signatory for Corporation or Other Entity

KIMBERLY A. ALLARDICO NOTARY PUBLIC MECKLENBURG COUNTY NORTH CAROLINA AUGUST 20, 2028

Subscribed and sworn to before me, a Notary Public this 28 day of , 2026

Signature of Notary Public

Kimberly Allardico
Printed Name of Notary Public

I am a resident of Mecklenburg County, North Carolina

My commission expires 8.20.2028,

* * * * * * * * * * * *
DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS
* * * * * * * * * * * *
JUNE 23, 2026
* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00011

POC Number
(Receiver Use)

CEDENT PROOF OF CLAIM FOR CEDENT REINSURANCE CLAIMS

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: USAA Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 9800 Fredericksburg Rd., San Antonio, Texas 78288
3. TEL. NO. (Daytime): 210-422-4365 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: David.Wheelus@usaa.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin Mangan, Womble Bond Dickinson (US) LLP, 302-252-4361, Kevin.Mangan@wbd-us.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for USAA Life Insurance Company of **$2,438,889.76.**

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date. USAA Life Insurance Company does not challenge any of the DISPUTED Cedant Reinsurace Claims listed.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: David Ramthun

Vice President, Pricing and Reinsurance

Title or Official Capacity of Signatory for Corporation or Other Entity

KIMBERLY ALLARDICE NOTARY PUBLIC MECKLENBURG COUNTY, NC AUGUST 20, 2028

Subscribed and sworn to before me, a Notary Public this 28 day of , 2026

Signature of Notary Public

Kimberly Allardice

Printed Name of Notary Public

I am a resident of Mecklenberg County, NC.

My commission expires 8/20/2028.

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00012

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Gleaner Life Insurance Society (Type correct name if it differs)
2. MAILING ADDRESS: 5200 West US Hwy 223, Adrian, Michigan, 49221
3. TEL. NO. (Daytime): 800-992-1894 4. ALTERNATE TEL. 517-265-3165
5. E-MAIL ADDRESS: karmstrong@gleanerlife.org
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Edward S. Little, 920 N King St, Wilmington, DE 19801
302-651-7747
Little@rlf.com
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Gleaner Life Insurance Society of .

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Kaylene Armstrong

CFO, Secretary and Treasurer

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 8th day of June, 2026.

Signature of Notary Public

Chad Kershner

Printed Name of Notary Public

I am a resident of Michigan County, Lenawee.

My commission expires 10/8/2029.

CHAD KERSHNER
Notary Public - State of Michigan
County of Lenawee
My Commission Expires Oct 8, 2029
Acting in the County of Lenawee

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DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

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THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00013

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Homesteaders Life Company (Type correct name if it differs)
2. MAILING ADDRESS: 5700 Westown Pkwy, West Des Moines, IA 50266
3. TEL. NO. (Daytime): 515 440 7924 4. ALTERNATE TEL. 5154407848
5. E-MAIL ADDRESS: klesher@homesteaderslife.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Joseph Schoell; 222 Delaware Ave Suite 1410 Wilmington, Delaware 19801; 302-467-4245; joseph.schoell@faegredrinker.com
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Homesteaders Life Company of **$15,294,379.65**

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Nick Gerhart

COO

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 8 day of June, 2026

Signature of Notary Public

Kayli LeSher

Printed Name of Notary Public

I am a resident of _____ County, Iowa.

My commission expires Oct 3 2028.

KAYLI LESHER
Commission Number 842756
My Commission Expires
October 3, 2028

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-11

00016

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: The Guardian Life Insurance Company of America (Type correct name if it differs)
2. MAILING ADDRESS: 10 Hudson Yards New York, NY 10001
3. TEL. NO. (Daytime): 212-598-8000 4. ALTERNATE TEL. 862-242-1776
5. E-MAIL ADDRESS: franklin_fernandez@glic.com, michael_alvarado@glic.com, Kevin.Mangan@wbd-us.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (√). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin J. Mangan
1313 North Market Street Suite 1200 Wilmington, DE 19801
302-252-4361 Kevin.Mangan@wbd-us.com
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for The Guardian Life Insurance Company of America of **$175,265.08**.

   (√) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.
9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at N/A) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to N/A by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Franklin Fernandez

Cedent (sign on line above)

Print Name: Franklin Fernandez

Head of Reinsurance Admin. and Agency Accounting, FPRS & CSWM
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 8th day of June, 2026

Signature of Notary Public

Angie Lopez
Printed Name of Notary Public

I am a resident of New York County, New York.

My commission expires June 21, 2027.

ANGIE M LOPEZ
Notary Public, State of New York
Registration No. 01LO0009966
Qualified in New York County
Commission Expires June 21, 2027

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DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00018

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: EMC National Life Company (Type correct name if it differs)
2. MAILING ADDRESS: P.O. Box 9202, Des Moines, IA 50306
3. TEL. NO. (Daytime): 515-237-2023 4. ALTERNATE TEL. 319-230-6405
5. E-MAIL ADDRESS: MDeVries@emcnl.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (✓) NO ( ). If YES, provide attorney's name, address, telephone no. and email. Krystal Mikkilineni, Dentons Davis Brown PC, 215 10th Street, Suite 1300, Des Moines, IA 50309
515-246-7943, Krystal.Mikkilineni@dentons.com
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for EMC National Life Company of **$33,404.01**.

   (✓) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $33,404.01.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 16 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Mark DeVries

Cedent (sign on line above)

Print Name: Mark DeVries

EVP, CFO, Treasurer, & Chief Actuary

Title or Official Capacity of Signatory for Corporation or Other ~~Entity~~

Subscribed and sworn to before me, a Notary Public this 4 day of June, 2026

Rhonda Charleston

Signature of Notary Public

Rhonda Charleston

Printed Name of Notary Public

I am a resident of Iowa County, Polk.

My commission expires August 10, 2027,

RHONDA CHARLESTON
Commission Number 833638
My Commission Expires
August 10, 2027

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00021

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: National Benefit Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 30-30 47th Avenue, Suite 625, Long Island City, NY 11101
3. TEL. NO. (Daytime): 470-564-7844 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: molly.levinson@primerica.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin Griffith, Faegre Drinker Biddle & Reath LLP
300 N. Meridian Street, Suite 2500, Indianapolis, Indiana 46204
kevin.griffith@faegredrinker.com 317-237-1179

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for National Benefit Life Insurance Company of **$2,516,306.12**.

(X) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

National Benefit Life will not dispute Liquidator's Denied Claims (totaling $49,950.00), as identified in the "Primerica Group - Disputed Claims" spreadsheet provided by Liquidator.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Bret Thomas
Cedent (sign on line above)

Print Name: Bret Thomas

VP & Appointed Actuary
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 15th day of June, 2026.

Kathy B Jordan
Signature of Notary Public

Kathy B Jordan
Printed Name of Notary Public

I am a resident of Gwinnett County, Georgia.

My commission expires _____,

KATHY B. JORDAN
Notary Public
Gwinnett County, Georgia
My Comm. Exp. July 29, 2028

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-14

00022

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Symetra Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 777 108th Avenue NE Bellevue WA 98004
3. TEL. NO. (Daytime): (781) 466-1412 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: ReinsAdmin@symetra.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Matt Lee, Foley & Lardner LLP
150 E Gilman St, Suite 5000, Madison WI 53703-1482
(608) 258-4203; mdlee@foley.com
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Symetra Life Insurance Company of **$114,488.97**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.
9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 17 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Ben Lawent

Cedent (sign on line above)

Print Name: Ben Lawent

AVP & Actuary

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 16 day of June, 2026

Signature of Notary Public

Michael F. Murphy

Printed Name of Notary Public

I am a resident of King County, Washington.

My commission expires 3.24.2029.

MICHAEL F MURPHY
NOTARY PUBLIC
STATE OF WASHINGTON
COMM. NO. 21011275
MY COMM. EXP. 03-24-29

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-15

00025

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Nassau Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: One American Row, Hartford, CT 06103
3. TEL. NO. (Daytime): 959-223-1908 4. ALTERNATE TEL. N/A
5. E-MAIL ADDRESS: scarlton@nfg.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Catherine Gaul, Ashby & Geddes, 500 Delaware Ave., 8th Floor, Wilmington, DE 19801, cgaul@ashbygeddes.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Nassau Life Insurance Company of **$2,791,614.62**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at N/A) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to N/A by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Steve L. Carlton

Vice President and Counsel

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 15th day of June, 2026.

Signature of Notary Public

Emily Ann Adams

Printed Name of Notary Public

I am a resident of Hartford County, Connecticut

My commission expires 9/30/26

EMILY ANN ADAMS
Notary Public, State of Connecticut
My Commission Expires Sept. 30, 2026

EMILY ANN ADAMS NOTARY PUBLIC CONNECTICUT

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00024

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Nassau Life and Annuity Company (Type correct name if it differs)
2. MAILING ADDRESS: One American Row, Hartford, CT 06103
3. TEL. NO. (Daytime): 959-223-1908 4. ALTERNATE TEL. N/A
5. E-MAIL ADDRESS: scarlton@nfg.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Catherine Gaul, Ashby & Geddes, 500 Delaware Ave., 8th Floor, Wilmington, DE 19801, cgaul@ashbygeddes.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Nassau Life and Annuity Company of **$3,235,060.22**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at N/A) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to N/A by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Steve L. Carlton

Vice President and Counsel

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 15th day of June, 2026.

Signature of Notary Public

Emily Ann Adams

Printed Name of Notary Public

I am a resident of Hartford County, Connecticut

My commission expires 9/30/26

EMILY ANN ADAMS
Notary Public, State of Connecticut
My Commission Expires Sept. 30, 2026

EMILY ANN ADAMS NOTARY PUBLIC CONNECTICUT

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-17

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00025

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Nassau Life Insurance Company, as successor in interest to Delaware Life Insurance Company of New York (Type correct name if it differs)
2. MAILING ADDRESS: One American Row, Hartford, CT 06103
3. TEL. NO. (Daytime): 959-223-1908 4. ALTERNATE TEL. N/A
5. E-MAIL ADDRESS: scarlton@nfg.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Catherine Gaul, Ashby & Geddes, 500 Delaware Ave., 8th Floor, Wilmington, DE 19801, cgaul@ashbygeddes.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Delaware Life Insurance Company of New York of **$104,830.13.**

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at N/A) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to N/A by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Steve L. Carlton

Vice President and Counsel

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 15th day of June, 2026.

Signature of Notary Public

Emily Ann Adams

Printed Name of Notary Public

I am a resident of Hartford County, Connecticut

My commission expires 9/30/26

EMILY ANN ADAMS
Notary Public, State of Connecticut
My Commission Expires Sept. 30, 2026

EMILY ANN ADAMS NOTARY PUBLIC CONNECTICUT

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00026

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Employers Reassurance Corporation (Type correct name if it differs)
2. MAILING ADDRESS: 6100 Sprint Parkway, Ste. 3400, Overland Park, KS 66211
3. TEL. NO. (Daytime): 913-982-3700 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: John.Palmer@ge-erac.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (✓). NO ( ). If YES, provide attorney's name, address, telephone no. and email. _____
Carl Micarelli, Esq.; Debevoise & Plimpton LLP, 66 Hudson Boulevard, New York, NY 1001
Telephone: 212-909-6813 Email: cmicarelli@debevoise.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Employers Reassurance Corporation of **$14,306,588.84**.

(✓) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: John Palmer

Chief Operating Officer

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 15th day of June, 2026

Signature of Notary Public

Amy Meunier

Printed Name of Notary Public

I am a resident of Johnson County, Kansas.

My commission expires 01-24-2027,

AMY MEUNIER NOTARY PUBLIC STATE OF KANSAS My Appt. Expires 01-24-2027

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00027

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Jackson National Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: Samantha Pattwell, Assoc. Gen Counsel, 1 Corporate Way, Lansing, MI 48951
3. TEL. NO. (Daytime): 517-281-8256 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: samantha.pattwell@jackson.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Donald R. Kirk, Carlton Fields, P.A., 4221 West Boy Scout Blvd. Suite 1000, Tampa, FL 33607; (813) 229-4334; dkirk@carltonfields.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Jackson National Life Insurance Company of $29,927,453.53.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $29,927,453.53.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Robert Hajdu

Vice President, Finance

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 16th, day of June, 2026.

Tommi Fedewa
Signature of Notary Public

Tommi Fedewa
Printed Name of Notary Public

I am a resident of Ingham County, Michigan.

My commission expires May 21, 2032.

TOMMI FEDEWA
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 21, 2032
COUNTY OF INGHAM
STATE OF MICHIGAN

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00036

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: The Lafayette Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 400 Broadway, Cincinnati, OH 45202 c/o Mark Hutchinson
3. TEL. NO. (Daytime): (513) 361-6754 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: mark.hutchinson@westernsouthernlife.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Lynn Holbert, Eversheds Sutherland (US) LLP (646) 556-5399 1114 Avenue of Americas, 40th Fl, New York, NY 10036

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for The Lafayette Life Insurance Company of **$1,648.25.**

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Mark Hutchinson

Cedent (sign on line above)

Print Name: Mark Hutchinson

VP Appointed Actuary

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 17 day of June, 2026

Cynthia M Baumgardner

Signature of Notary Public

Cynthia M. Baumgardner

Printed Name of Notary Public

I am a resident of Hamilton County, Ohio.

My commission expires March 30, 2030

Cynthia M. Baumgardner
Notary Public, State of Ohio
My Commission Expires:
March 30, 2030

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-21

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00041

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: United Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 5600 N. River Road, Suite 300, Rosemont, IL 60018
3. TEL. NO. (Daytime): (847) 527-6710 4. ALTERNATE TEL. (312) 824-6393
5. E-MAIL ADDRESS: rebecca.collins@lbl.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Jennifer Hoover, Noelle Torrice; Benesch Friedlander Coplan & Aronoff LLP, 1313 Market Street, Suite 1201 Wilmington, DE 19801-6101; Hoover: (302) 442-7706, jhoover@beneschlaw.com, Torrice: (302) 442-7056, ntorrice@beneschlaw.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for United Life Insurance Company of **$85,598.69**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Rebecca Collins

Cedent (sign on line above)

Print Name: Rebecca Collins

Assistant Secretary

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 15th day of June, 2026

N. B. SA

Signature of Notary Public

Nicole B. Stauber

Printed Name of Notary Public

I am a resident of Cook County, Illinois.

My commission expires December 5, 2027,

Notary Public, State of Illinois
Official Seal
Nicole B Stauber
Commission # 982573
My Commission Expires 12/05/2027

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00042

POC Number
(Receiver Use)

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Transamerica Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 6400 C St SW, Cedar Rapids, IA 52499
3. TEL. NO. (Daytime): 319-355-2869 4. ALTERNATE TEL. 319-355-3283
5. E-MAIL ADDRESS: Bonnie.Gerst@transamerica.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Ana Alfonso O'Melveny and Myers LLP 1301 Avenue of the Americas, 18th Floor New York, NY 10019 aalfonso@omm.com (212)408-2445

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Transamerica Life Insurance Company of **$49,154,585.09**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 19 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Bonnie T Gerst
Cedent (sign on line above)

Print Name: Bonnie T. Gerst

Senior Vice President
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 11th day of June, 2026

Signature of Notary Public

Lori Hach
Printed Name of Notary Public

I am a resident of Iowa County, Linn.

My commission expires 6-16-27.

NOTARIAL SEAL IOWA
LORI HACH
Commission Number 758754
My Commission Expires
June 16, 2027

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

00043
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Transamerica Life (Bermuda) Ltd (Type correct name if it differs)
2. MAILING ADDRESS: 6400 C St SW, Cedar Rapids, IA 52499
3. TEL. NO. (Daytime): 319-355-2869 4. ALTERNATE TEL. 319-355-3283
5. E-MAIL ADDRESS: Bonnie.Gerst@transamerica.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Ana Alfonso O'Melveny and Myers LLP 1301 Avenue of the Americas, 18th Floor New York, NY 10019 aalfonso@omm.com (212)408-2445

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Transamerica Life (Bermuda) Ltd of **$-118,981.23**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 19 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Bonnie J Gerst
Cedent (sign on line above)

Print Name: Bonnie T. Gerst

Director
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 11th day of June, 2026

Lori Hach
Signature of Notary Public

Lori Hach
Printed Name of Notary Public

I am a resident of Iowa County, Linn.

My commission expires 6-16-27.

NOTARIAL SEAL IOWA
LORI HACH
Commission Number 758754
My Commission Expires
June 16, 2027

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00044

POC Number
(Receiver Use)

CEDENT PROOF OF CLAIM FOR CEDENT REINSURANCE CLAIMS

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Transamerica Financial Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 6400 C St SW, Cedar Rapids, IA 52499
3. TEL. NO. (Daytime): 319-355-2869 4. ALTERNATE TEL. 319-355-3283
5. E-MAIL ADDRESS: Bonnie.Gerst@transamerica.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Ana Alfonso O'Melveny and Myers LLP 1301 Avenue of the Americas, 18th Floor New York, NY 10019 aalfonso@omm.com (212)408-2445

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Transamerica Financial Life Insurance Company of **$2,103,886.46**.

(X) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 19 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Bonnie T. Gerst
Cedent (sign on line above)

Print Name: Bonnie T. Gerst

Senior Vice President
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 11th day of June, 2026

Signature of Notary Public

Lori Hach
Printed Name of Notary Public

I am a resident of Iowa County, Linn.

My commission expires 6-16-27,

NOTARIAL SEAL IOWA
LORI HACH
Commission Number 758754
My Commission Expires
June 16, 2027

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00045

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: PHL Variable Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: One American Row, 10th Floor, Hartford, CT 06102
3. TEL. NO. (Daytime): 212-651-7113 * 4. ALTERNATE TEL. 646-453-1226 *
5. E-MAIL ADDRESS: rudy.dimmling@fticonsulting.com and kelly.bialas@fticonsulting.com *
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Ben Cordiano / Morgan, Lewis & Bockius LLP, One State Street, Hartford, CT, 06103 / 860-240-2821

* Contact information is for Senior Managing Directors at FTI Consulting, Inc., the Special Deputy Rehabilitator of PHL Variable

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for PHL Variable Insurance Company of **$14,131,286.34**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. _____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 19 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Rudy Dimmling

Senior Managing Director, FTI Consulting, Inc., Special Deputy Rehabilitator of PHL

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 15th day of , 2026.

Signature of Notary Public

Debra Ferucci

Printed Name of Notary Public

I am a resident of New York County, New York.

My commission expires 6/23/2028,

DEBRA FERUCCI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FE6189430
Qualified in New York County
My Commission Expires 06-23-2028

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00057

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Brighthouse Life Insurance Company of NY (Type correct name if it differs)
2. MAILING ADDRESS: 285 Madison Avenue, New York, NY 10017
3. TEL. NO. (Daytime): 980-949-4759 4. ALTERNATE TEL. 857-361-2461
5. E-MAIL ADDRESS: chris.kremer@brighthousefinancial.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin P. Griffith, Faegre Drinker Biddle & Reath, 300 N. Meridian Street, Suite 2500, Indianapolis, IN 46204 317-237-1179, kevin.griffith@faegredrinker.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Brighthouse Life Insurance Company of NY of **$0.00**.

(X) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 22 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Melissa Pavlovich
Cedent (sign on line above)

Print Name: Melissa Pavlovich

Vice President & Chief Financial Officer
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 18 day of June, 2026.

Chryptyna Lappin
Signature of Notary Public

Chrystyna Lappin
Printed Name of Notary Public

I am a resident of Mecklenburg County, North Carolina.

My commission expires October 19, 2026.

CHRYSTYNA LAPPIN
My Commission Expires
NOTARY PUBLIC
October 19, 2026
MECKLENBURG COUNTY, NC

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00058

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: United Fidelity Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 1055 Broadway, Kansas City, MO 64105
3. TEL. NO. (Daytime): 816-391-2128 4. ALTERNATE TEL. 816-391-2000
5. E-MAIL ADDRESS: Kraig.May@americo.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Benjamin Struby, 2345 Grand Blvd., Suite 2200, Kansas City, MO 64108-2618 816-460-5758, benjamin.struby@lathropgpm.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for United Fidelity Life Insurance Company of **$49,588.59**.

( ) YES
(X) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $63,220.16.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Paul Knoblauch

Cedent (sign on line above)

Print Name: Paul Knoblauch

VP, Chief Accounting Officer

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this __ day of , 202_.

Kim Wilhoite

Signature of Notary Public

Kim Wilhoite

Printed Name of Notary Public

I am a resident of Platte County, Missouri.

My commission expires 3/24/2030,

KIM WILHOITE
Notary Public - Notary Seal
Platte County - State of Missouri
Commission Number 15636308
My Commission Expires Mar 24, 2030

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Ohio National Life Assurance Corporation (Type correct name if it differs)
2. MAILING ADDRESS: One Financial Way, Cincinnati, OH 45242
3. TEL. NO. (Daytime): 513-794-8288 4. ALTERNATE TEL. 513-794-6639
5. E-MAIL ADDRESS: Bo_Felte@constellationinsurance.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Lynn Holbert, Eversheds Sutherland, 1114 Avenue of Americas, NY, NY 10036
T: +1.212.287.7068 M: +1.646.556.5399 lynnholbert@eversheds-sutherland.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Ohio National Life Assurance Corporation of **$44,670.02**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 22 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Ryan Fette

2nd VP, Reinsurance Operations

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 17th day of June, 2026

Rebekah Lynn Brock
Signature of Notary Public

Rebekah Lynn Brock
Printed Name of Notary Public

I am a resident of Hamilton County, Ohio.

My commission expires 7-22-2028,

REBEKAH LYNN BROCK
Notary Public, State of Ohio
My Commission Expires
07-22-2028

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00069

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: The Ohio National Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: One Financial Way, Cincinnati, OH 45242
3. TEL. NO. (Daytime): 513-794-8288 4. ALTERNATE TEL. 513-794-6639
5. E-MAIL ADDRESS: Bo_Fette@constellationinsurance.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Lynn Holbert, Eversheds Sutherland, 1114 Avenue of Americas, NY, NY 10036
T: +1.212.287.7068 M: +1.646.556.5399 lynnholbert@eversheds-sutherland.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for The Ohio National Life Insurance Company of **$44,646.73**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Ryan Fette

2nd VP, Reinsurance Operations

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 17th day of June, 2026

Rebekah Lynn Brock
Signature of Notary Public

Rebekah Lynn Brock
Printed Name of Notary Public

I am a resident of Hamilton County, Ohio.

My commission expires 7-22-2028.

NOTARIAL SEAL
STATE OF OHIO

REBEKAH LYNN BROCK
Notary Public, State of Ohio
My Commission Expires
07-22-2028

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DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

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JUNE 23, 2026

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THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

00170
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Assurity Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: PO Box 82533
3. TEL. NO. (Daytime): 402-437-3427 4. ALTERNATE TEL. 402-437-3405
5. E-MAIL ADDRESS: JFiddler@assurity.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Alessandra Glorioso, Dorsey & Whitney, 300 Delaware Ave., Suite 1010, Wilmington, DE 19801, 302-425-7166, glorioso.alessandra@dorsey.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Assurity Life Insurance Company of **$321,663.69**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 22 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Jill D Fiddler

Cedent (sign on line above)

Print Name: Jill D. Fiddler

Sr. Vice President, General Counsel & Corporate Secretary

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 18th day of , 2026

Joanne P. Mosley

Signature of Notary Public

Joanne P. Mosley

Printed Name of Notary Public

I am a resident of Lincoln Nebraska County, Lancaster

My commission expires Sept 16, 2028,

General Notary - State of Nebraska
JOANNE P. MOSLEY
My Comm. Exp. Sept. 16, 2028.

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DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

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JUNE 23, 2026

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THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

CC071
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Aurora National Life Assurance Company (Type correct name if it differs)
2. MAILING ADDRESS: PO Box 4336, Clinton, IA 52733-4336
3. TEL. NO. (Daytime): 800-265-2652 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: DPAOversight@rgare.com; kelley.millaway@rgare.com; torie.boehm@rgare.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin Griffith, Faefre Drinker, 317-237-1173, kevin.griffith@faegredrinker.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Aurora National Life Assurance Company of **$41,477.13**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 22 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

(Cedent to sign on line above)

Print Name Laura Cockrill

Officer

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 12th day of April, 2024

Victoria Boehm
Signature of Notary Public

Victoria Boehm
Printed Name of Notary Public

I am a resident of 63026 St. Louis County, Missouri.

My commission expires 10-16-2026.

VICTORIA BOEHM
Notary Public, Notary Seal
State of Missouri
St. Louis County
Commission # 22430711
My Commission Expires 10-16-2026

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DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

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JUNE 23, 2026

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THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00074

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: SCOR Global Life Americas Reinsurance Company
   (Type correct name if it differs)_____

2. MAILING ADDRESS: 101 South Tryon Street, Suite 3100, Charlotte, NC 28280

3. TEL. NO. (Daytime): 704.344.2910 4. ALTERNATE TEL._____

5. E-MAIL ADDRESS: jliell@scor.com

6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. DLA Piper LLP (US)
   444 West Lake Street, Suite 900, Chicago, IL 60606
   312.368.4000 stephen.schwab@us.dlapiper.com, ana.condes@us.dlapiper.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for SCOR Global Life Americas Reinsurance Company of **$1,003,119.01.**

   (x) YES
   ( ) NO

   If "YES" — Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

STATE OF North Carolina)

COUNTY OF Mecklenburg)

Cedent (sign on line above)

Print Name: Patrick M. Aul

Vice President and Associate General Counsel
Title or Official Capacity of Signatory

Subscribed and sworn to before me, a Notary Public this 23rd day of June, 2026.

Rhonda M. Pope
Signature of Notary Public

Rhonda M. Pope
Printed Name of Notary Public

I am a resident of Mecklenburg County, State of North Carolina.

My commission expires June 27, 2029.

RHONDA M POPE
Notary Public, North Carolina
Mecklenburg County
My Commission Expires
June 27, 2029

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DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

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THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOR Global Life Americas Reinsurance Company reserves all rights to supplement this submission with respect to amount, value, and any applicable setoffs.

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

0075

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: S. USA Life Insurance Company Inc (Type correct name if it differs)
2. MAILING ADDRESS: 10 S Jefferson St, Suite 1702, Roanoke, VA 24011
3. TEL. NO. (Daytime): 212-624-0839 4. ALTERNATE TEL. 540.985.4237
5. E-MAIL ADDRESS: isaac.truckenbrod@prosperitylife.com CC to Legal.Notices@prosperitylife.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin P. Griffith kevin.griffith@faegredrinker.com
317-237-1179
300 N. Meridian Street, Suite 2500, Indianapolis, Indiana 46204, USA
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for S. USA Life Insurance Company Inc of $54,688.98.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.
9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Ann-Kelley

Cedent (sign on line above)

Print Name: ANN-KELLEY WINN

General Counsel + Secretary

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 22 day of May, 2026.

Signature of Notary Public

Garrett Lahr

Printed Name of Notary Public

I am a resident of Hennepin County, Minnesota.

My commission expires 01/31/2030.

GARRETT J LAHR
NOTARY PUBLIC-MINNESOTA
My Commission Expires Jan 31, 2030

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

00078
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Delaware Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 10555 Group 1001 Way
3. TEL. NO. (Daytime): (513) 260-7669 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: Wes.Daughtry@Group1001.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO (x). If YES, provide attorney's name, address, telephone no. and email. _____

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Delaware Life Insurance Company of **$803,126.85**.

   (x) YES
   ( ) NO

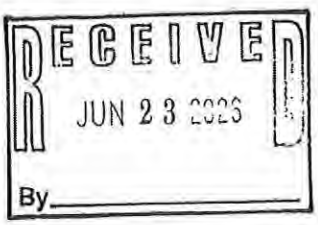
   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at N/A - no disputed claims) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to N/A - no disputed claims by the Bar Date.



IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Wes Daughtry
Cedent (sign on line above)

Print Name: Wes Daughtry

Authorized Signer
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 22nd day of , 2026

Megan E Weaver
Signature of Notary Public

Megan E. Weaver
Printed Name of Notary Public

I am a resident of Hamilton County, Indiana.

My commission expires 11/20/2030.

Megan E Weaver
Notary Public Seal State of Indiana
Hamilton County
Commission Number NP0660781
My Commission Expires 11/20/2030

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-35

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00086

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Nassau Life Insurance Company of Kansas (Type correct name if it differs)
2. MAILING ADDRESS: c/o Natalya Belonozhko, 20 Guest St. Brighton, MA 02135
3. TEL. NO. (Daytime): 1-857-316-3199 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: natalya.belonozhko@kkr.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Risa Gordon KKR, 30 Hudson Yards, New York, NY 10001
212-389-2120
risa.gordon@kkr.com
7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Nassau Life Insurance Company of Kansas of **$121,858.27**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.
9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.
10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Risa Gordon
Cedent (sign on line above)

Print Name: Risa Gordon

Authorized Person, Commonwealth Annuity and Life Insurance Company as Administrative Agent of Cedent
Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 22ND day of , 2026

Signature of Notary Public

Victoria Bermudez
Printed Name of Notary Public

I am a resident of New York County, Queens.

My commission expires 10/27/2026.

VICTORIA BERMUDEZ NOTARY PUBLIC STATE OF NEW YORK NO. 02BE6313927 QUALIFIED IN QUEENS COUNTY COMM. EXP. 10-27-2026

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00087

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Principal Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: 711 High Street, Des Moines, IA 50392
3. TEL. NO. (Daytime): 800-986-3343 4. ALTERNATE TEL. _____
5. E-MAIL ADDRESS: stone.nate@principal.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kristina Matic, Foley & Lardner LLP, 777 E. Wisconsin Ave, Milwaukee, WI 53202 Phone: 414.297.5913

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Principal Life Insurance Company of **$580,883.95**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Nathan J. Stone

Cedent (sign on line above)

Print Name: Nathan J. Stone

Sr. Actuary

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 17th day of June, 2026.

Signature of Notary Public

Lisa Cooper

Printed Name of Notary Public

I am a resident of Polk County, Iowa.

My commission expires 8/23/26,

LISA KAY COOPER
Commission Number 769365
My Commission Expires
August 23, 2026

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00088

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Texas Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: c/o Wilton Re Services, Inc., 801 Main Ave., 5th Fl., Norwalk, CT 06851
3. TEL. NO. (Daytime): 203-762-4466 4. ALTERNATE TEL. 203-762-4650
5. E-MAIL ADDRESS: sbrogan@wiltonre.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO (X). If YES, provide attorney's name, address, telephone no. and email. _____

_____

_____

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Texas Life Insurance Company of **$282,847.74**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Evan Gewitz

Vice President, Chief Financial Officer

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 22nd day of June, 2026.

Signature of Notary Public

Donna Cartsounis

Printed Name of Notary Public

I am a resident of New Milford, CT County, Litchfield.

DONNA CARTSOUNIS
Notary Public-Connecticut
My Commission Expires
August 31, 2030

My commission expires ,

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

00059

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Wilcac Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: c/o Wilton Re Services, Inc., 801 Main Ave., 5th Fl., Norwalk, CT 06851
3. TEL. NO. (Daytime): 203-762-4466 4. ALTERNATE TEL. 203-762-4650
5. E-MAIL ADDRESS: sbrogan@wiltonre.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO ( ). If YES, provide attorney's name, address, telephone no. and email. _____

_____

_____

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Wilcac Life Insurance Company of **$2,721,208.67**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Steven Lash

Senior Vice President, Group Chief Financial Officer

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 22nd day of June, 2026.

Signature of Notary Public

Donna Cartsounis

Printed Name of Notary Public

I am a resident of New Milford, CT County, Litchfield.

My commission expires

DONNA CARTSOUNIS
Notary Public-Connecticut
My Commission Expires
August 31, 2030

DONNA CARTSOUNIS NOTARY PUBLIC MY COMMISSION EXPIRES AUGUST 31, 2030 STATE OF CONNECTICUT

****

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

****

JUNE 23, 2026

****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00092

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Wilton Reassurance Life Company of New York (Type correct name if it differs)
2. MAILING ADDRESS: c/o Wilton Re Services, Inc., 801 Main Ave., 5th Fl., Norwalk, CT 06851
3. TEL. NO. (Daytime): 203-762-4466 4. ALTERNATE TEL. 203-762-4650
5. E-MAIL ADDRESS: sbrogan@wiltonre.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO ( ). If YES, provide attorney's name, address, telephone no. and email. _____

_____

_____

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Wilton Reassurance Life Company of New York of **$1,678,328.68**.

(X) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Steven Lash

Senior Vice President, Group Chief Financial Officer

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 22nd day of June , 2026.

Signature of Notary Public

Donna Cartsounis

Printed Name of Notary Public

I am a resident of New Milford, CT County, Litchfield.

My commission expires

DONNA CARTSOUNIS
Notary Public-Connecticut
My Commission Expires
August 31, 2029

DONNA CARTSOUNIS NOTARY PUBLIC

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00094

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Athene Annuity & Life Assurance Company of New York (Type correct name if it differs)

2. MAILING ADDRESS: 7700 Mills Civic Parkway, West Des Moines, IA 50266

3. TEL. NO. (Daytime): (515) 342-4545 4. ALTERNATE TEL. _____

5. E-MAIL ADDRESS: cjefferson@athene.com

6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Kevin P. Griffith, Faegre Drinker Biddle & Reath
300 N. Meridian St., Suite 2500, Indianapolis, IN, 46204
kevin.griffith@faegredrinker.com (317) 237-1179

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Athene Annuity & Life Assurance Company of New York of **$426,782.89**.

(x) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 23 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Cedent (sign on line above)

Print Name: Christian G. Jefferson

V.P. & Senior Counsel

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this 22nd day of , 2026.

Signature of Notary Public

Jennifer Arceneaux

Printed Name of Notary Public

I am a resident of Dallas County, Iowa.

My commission expires 6/13/2028.

JENNIFER ARCENEAUX
Commission Number 840102
My Commission Expires
6/13/2028

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

B-41

00097

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: American General Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: c/o Corebridge Financial Company, Woodson Tower, 2919 Allen Parkway, Suite L13-01, Houston TX 77019
3. TEL. NO. (Daytime): 1-877-375-2422 4. ALTERNATE TEL. N/A
5. E-MAIL ADDRESS: corebridgelitigationteam@corebridgefinancial.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Andy Meerkins, Foley & Lardner LLP, 777 East Wisconsin Avenue, Milwaukee, WI 53202-5306, (Tel.) 414-319-7033, ameerkins@foley.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for American General Life Insurance Company of **$10,689,843.88**.

   (X) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Suhas Sarathy

Cedent (sign on line above)

Print Name: Suhas Sarathy

Vice President & Actuary, Life Insurance

Title or Official Capacity of Signatory for Corporation or Other Entity

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to or affirmed and subscribed before me by means of online notarization on 06/18/2026, by Suhas Sarathy, who presented a PADL as identification.

HH 650634
Linda Bayne
Florida Online Notary – Certified FS 117.021

Linda Bayne - Notary Public State of Florida
Certified Online Notary – FS 117.021

LINDA BAYNE NOTARY PUBLIC STATE OF FLORIDA
My Comm. Expires 05/27/2029
No. HH 650634

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

SCOTTISH RE (U.S.), INC. IN LIQUIDATION 00098

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: United States Life Insurance Company in the City of New York (Type correct name if it differs)

2. MAILING ADDRESS: c/o Corebridge Financial Company, 1133 Avenue of the Americas, 33rd Floor, New York, NY 10036

3. TEL. NO. (Daytime): 1-877-375-2422 4. ALTERNATE TEL. N/A

5. E-MAIL ADDRESS: corebridgelitigationteam@corebridgefinancial.com

6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (X). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Andy Meerkins, Foley & Lardner LLP, 777 East Wisconsin Avenue, Milwaukee, WI 53202-5306, (Tel.) 414-319-7033, ameerkins@foley.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for United States Life Insurance Company in the City of New York of **$823,925.62**.

(x) YES
( ) NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

RECEIVED
JUN 23 2026
By_____

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Suhas Sarathy

Cedent (sign on line above)

Print Name: Suhas Sarathy

Vice President & Actuary, Life Insurance

Title or Official Capacity of Signatory for Corporation or Other Entity

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to or affirmed and subscribed before me by means of online notarization on 06/18/2026, by Suhas Sarathy, who presented a PADL as identification.

HH 650634
Linda Bayne
Florida Online Notary—Certified FS 117.021

Linda Bayne - Notary Public State of Florida
Certified Online Notary – FS 117.021

LINDA BAYNE NOTARY PUBLIC STATE OF FLORIDA
My Comm. Expires 05/27/2029
No. HH 650634

* * * * * * * * * * * *

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

* * * * * * * * * * * *

JUNE 23, 2026

* * * * * * * * * * * *

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555

00099

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS

_____
POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: Delaware Life Insurance Company (Type correct name if it differs)
2. MAILING ADDRESS: c/o Corebridge Financial Company Woodson Tower, 2919 Allen Parkway, Suite L13-01, Houston, TX 77019
3. TEL. NO. (Daytime): 1-877-375-2422 4. ALTERNATE TEL. N/A
5. E-MAIL ADDRESS: corebridgelitigationteam@corebridgefinancial.com
6. ARE YOU REPRESENTED BY AN ATTORNEY: YES (x). NO ( ). If YES, provide attorney's name, address, telephone no. and email. Andy Meerkins, Foley & Lardner LLP, 777 East Wisconsin Avenue, Milwaukee, WI 53202-5306, (Tel.) 414-319-7033, ameerkins@foley.com

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for Delaware Life Insurance Company of **$79,887.00**.

   (x) YES
   ( ) NO

   If "YES" – Go to Question 10.

   If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. $_____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Scottish Re (U.S.), Inc. are true and correct.

Suhas Sarathy
Cedent (sign on line above)

Print Name: Suhas Sarathy

Vice President & Actuary, Life Insurance
Title or Official Capacity of Signatory for Corporation or Other Entity

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to or affirmed and subscribed before me by means of online notarization on 06/18/2026, by Suhas Sarathy, who presented a PADL as identification.

Linda Bayne
Florida Online Notary—Certified FS 117.021

Linda Bayne - Notary Public State of Florida
Certified Online Notary - FS 117.021

LINDA BAYNE NOTARY PUBLIC STATE OF FLORIDA My Comm. Expires 05/27/2029 No. HH 650634

****
DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS
****
JUNE 23, 2026
****

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555