See separate instructions.

Part Reporting Issuer

_	Issuer's name	155061			2 Issuer's employer ider	ntification number (EIN)		
		M 10		N/A				
2	Name of contact for ad	Managed Corpora						
3				e No. of contact		5 Email address of contact		
Duarte Boucinha				-681-1752		dboucinha@ci.com		
6	Number and street (or I	P.O. box if mail is not o	delivered to s	street address) of contact	7 City, town, or post office, s	tate, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontario	o, M5C 3G7		
8	Date of action		9 Class	sification and description	·			
	Tax Year 2021			Non-taxable distribution				
10	CUSIP number 11 Serial number(s))	12 Ticker symbol	13 Account number(s)	13 Account number(s)		
D,	N/A art II Organizati	N/A		N/A	N/A back of form for additional q	uestions		
14	-				against which shareholders' owr			
14	the action ►				olders throughout the 2021			
					U			
				r unit information of the	return of capital that occur	red throughout		
		the 2021 tax	able year.					
15	Describe the quantita	ative effect of the organ	nizational act	ion on the basis of the securit	y in the hands of a U.S. taxpayer	as an adjustment per		
		tage of old basis ► 0						
			<u></u>					
16		-	asis and the	data that supports the calculat	tion, such as the market values of	securities and the		
	valuation dates ►	N/A						
						- 0007		
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)		

Form 89	937 (12-2	017)			Page 2
Part		Drganizational Action (continued)			
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316
18 C	Can any	resulting loss be recognized? N/I	A		
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform		
Here				Date►	
	Print	our name ► Darie Urbanky			and Chief Operating Officer
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.

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