Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

E	art I Reporting I	Issuer		·	<u> </u>				
	Issuer's name		2 Issuer's employer identification number (EIN)						
	CI DoubleLine Co	ore Plus Fixed In	N/A						
3	Name of contact for additional information 4		4 Telephor	e No. of contact	5 Email address of contact				
	Duarte Boucinha		416	-681-1752	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not de			street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	ast, 20th Floor			Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description					
	Tax Year 2021			Non-taxable d	distribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.									
14					ate against which shareholders' ownership is measured for				
	the action ►				holders throughout the 2021 taxation year.				
				r unit information of th	ne return of capital that occurred throughout				
_		the 2021 tax	<u>kable year.</u>						
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15	Describe the quantitat share or as a percenta	_			rity in the hands of a U.S. taxpayer as an adjustment per				
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16	Describe the calculation	on of the change in ${ m N/A}$	pasis and the	data that supports the calcu	ulation, such as the market values of securities and the				
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47		and the black of the second of			IDC	
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is b			
					312 and 316	
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ			
	an any					
1 9 P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A	
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12	
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim and all	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign		-16 ,				
Here	Signa	ture •	Date ►			
	-					
	Print	our name ► Darie Urbanky			and Chief Operating Office	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Prepa	arer				self-employed	
Use (Only	Firm's name ►			Firm's EIN ▶	
		Firm's address ►			Phone no.	

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