## (December 2017)

## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Department of the Treasury			•	See separate instructions	s.		
	ting Issuer						
1 Issuer's name						2 Issuer's employer identification number (EIN)	
TIPTREE INC.						38-3754322	
3 Name of contact for additional information 4			Telephone No. of contact			5 Email address of contact	
IAN JONES			212-446-1426				
6 Number and street (or P.O. box if mail is not delivered to street address) of contact						7 City, town, or post office, state, and ZIP code of contact	
299 PARK AVENUE,	13TH FL					NEW YORK, NY 10171	
8 Date of action 9 Classification and description						1	
SEE BELOW			COMMON STOCK				
10 CUSIP number	11 Serial number	(s)		12 Ticker symbol		13 Account number(s)	
88822Q103	88822Q103			TIPT			
Part II Organi	izational Action Atta	ch ad	ditional	statements if needed. S	See ba	ck of form for additional questions.	
•	•		-		-	ainst which shareholders' ownership is measured for	
						AREHOLDERS IN EXCESS OF ITS CURRENT AND	
ACCUMULATED EAI	RNINGS AND PROFITS.	SEE P	PART II,	LINE 15 FOR THE AMOUN	NT OF	THESE DISTRIBUTIONS PER SHARE.	
		HE DI	STRIBU	TIONS REDUCED THE BA		the hands of a U.S. taxpayer as an adjustment per F THE SECURITY OF THE U.S. TAXPAYER AS	
DATE:	PER SHARE REL	OCTIO	ON OF B	A3 3:			
3/29/2021	\$0.04						
6/1/2021 8/30/2021	\$0.04 \$0.04						
11/29/2021	\$0.04						
-							
valuation dates	THE TAXPAYER'S EA	RNING	GS AND	PROFITS WERE CALCUL	LATED	, such as the market values of securities and the UNDER IRC 312, AND THE REGULATIONS SHAREHOLDER'S TAX BASIS IN ITS SHARES	

Part	Щ	Organizational Action (contin	nuea)		
17 L	ist the	applicable Internal Revenue Code s	ection(s) and subsection(s) upon whi	ch the tax treatment is based >	IRC 301 (c) (2)
18 (	Can any	resulting loss be recognized?	0		
ú———					
	_				
		any other information necessary to ES OF THE DISTRIBUTIONS IDEN	implement the adjustment, such as TIFIED ABOVE.	the reportable tax year ▶ THESE	ACTIONS ARE EFFECTIVE
	-				
	Unde	r penalties of perjury, I declare that I had to it is true, correct, and complete. Declar	examined this return, including accomation of preparer (other than officer) is bas	panying schedules and statements, a sed on all information of which prepar	and to the best of my knowledge and er has any knowledge.
Sign			0/1		, ,
Here	Signo	- / MAA	W	Date ▶ //	11/22
	Oigna	sauce Sauce PELL			
		your name ► SANDRA BELL.  Print/Type preparer's name	Preparer's signature	Date	Ohari D # PTIN
Paid		The type proparer e name			Check if   TIN   self-employed
	arer	Firm's name			Firm's EIN ▶
use	Only	Firm's address			Phone no.
Cond I	Form 90		ents) to: Department of the Treasur		