

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name INNOVATE Corp.		2 Issuer's employer identification number (EIN) 54-1708481	
3 Name of contact for additional information Michael Sena	4 Telephone No. of contact 914-220-2258	5 Email address of contact msena@innovatecorp.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 295 Madison Ave., 12th Floor		7 City, town, or post office, state, and ZIP code of contact New York, NY 10017	
8 Date of action July 31, 2026		9 Classification and description Debt for debt exchange	
10 CUSIP number See attached	11 Serial number(s)	12 Ticker symbol VATE	13 Account number(s)

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

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► **See attached.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► **See attached.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► **See attached.**

[illegible]

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► [See attached.](#)

18 Can any resulting loss be recognized? ► **See attached.**

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ► **See attached.**

**Sign
Here**

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

Signature ►

Date ►

Print your name ► **Michael Sena**

Title ► CFO

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ►

Phone no.	
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