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

| Reporting Issuer | | | |
|--|---|--|--|
| 1 Issuer's name | 2 Issuer's employer identification number (EIN) | | |
| The Options Clearing Corporation | 36-2756407 | | |
| 3 Name of contact for additional information | 4 Telephone No. of contact | 5 Email address of contact | |
| Thomas Crider | 312.322.6200 | Form8937@theocc,com | |
| 6 Number and street (or P.O. box if mail is not | | 7 City, town, or post office, state, and ZIP code of contact | |
| | | and the second of the second o | |
| 125 S. Franklin Street. Suite 1200 | | Chicago, IL 60606 | |
| 8 Date of action | 9 Classification and description | [Oliveryor Participation P | |
| | | | |
| October 16, 2019 | Futures contracts on shares of Eq | uity LifeStyle Properties, Inc. | |
| 10 CUSIP number 11 Serial number(| s) 12 Ticker symbol | 13 Account number(s) | |
| | | | |
| | ELS1D | | |
| Part II Organizational Action Attac | ch additional statements if needed. S | See back of form for additional questions. | |
| | | ate against which shareholders' ownership is measured for | |
| the action ► Each outstanding futures of | contract on shares of Equity LifeStyle | Properties, Inc. (ELS) is replaced by 2 contracts to | |
| reflect a 2-for-1 share split. Effective date is O | ctober 16, 2019. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | urity in the hands of a U.S. taxpayer as an adjustment per s contract is allocated to each of the 2 replacement | |
| | | | |
| | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| • | | | |
| 16 Describe the calculation of the change in boundarion dates ► Tax basis in existing fu | | ulation, such as the market values of securities and the nately across the replacement contracts. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | 11111 | |
| | | | |
| | | | |

| | _ | | | | |
|-------------|---|--|---|----------------------|--|
| Par | | Organizational Action (continued | <i>(</i>) | | |
| 17 | List the | e applicable Internal Revenue Code sectio | n(s) and subsection(s) upon which the tax | treatment is based | ► Section 1012 (a) |
| | | •• | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| - | *************************************** | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | · ITTE |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| 18 | Can an | y resulting loss be recognized? ► No. | | | |
| | | 140. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 19 F | ² rovide | any other information necessary to imple | ment the adjustment, such as the reportat | le tax vear ▶ | |
| | | | , , , | , | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | " | 4 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Unde | r penalties of perjury, I declare that I have exar | nined this return, including accompanying sche preparer (other than officer) is based on all infor | dules and statements | s, and to the best of my knowledge and |
| Sign | | 0.1 | , | | i |
| Here | Signs | Signature / honces Cricles | | Date > 10/25 | -/19 |
| | | | | Date | |
| | Print | your name ► Thomas Crider | Proparate signatura | Title ➤ Vice Pres | |
| Paid | | Print/Type preparer's name | Preparer's signature | Date | Check if PTIN |
| Prep | | Firm's name | 1 | | self-employed |
| Use (| Only | Firm's name Firm's address F | | | Firm's EIN ► Phone no. |
| Send F | orm 89 | 37 (including accompanying statements) | o: Denartment of the Treasury Internal Re | venue Service Od | |