## Form **8937**(December 2011) Department of the Treasury

Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

OMB No. 1545-2224

Reporting Issuer Part I 2 Issuer's employer identification number (EIN) 1 Issuer's name Stone Ridge Reinsurance Risk Premium Fund 46-1663780 3 Name of contact for additional information Telephone No. of contact 5 Email address of contact Patrick Kelly info@stoneridgeam.com 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 510 Madison Avenue, 21st Floor New York, NY 10022 8 Date of action 9 Classification and description 12/02/2016 Nontaxable Corporate Reorganization - Merger 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) **SREIX** 861728103 Organizational Action Attach additional statements if needed. See back of form for additional questions. Part II Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action 
On December 2, 2016, Stone Ridge Reinsurance Risk Premium Fund merged into Stone Ridge High Yield Reinsurance Risk Premium Fund (#46-1678881) in a nontaxable reorganization under Section 368(a) of the Internal Revenue Code. For each share owned, shareholders of Stone Ridge Reinsurance Risk Premium Fund Class I shares received 0.988012 shares of Stone Ridge High Yield Reinsurance Risk Premium Fund Class I Shares. Please note that this Form 8937 refers only to the Class I Shares of Stone Ridge Reinsurance Risk Premium Fund - - if you owned the Class M Shares of the Stone Ridge Reinsurance Risk Premium Fund, please refer to the appropriate Form 8937. 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 15 share or as a percentage of old basis ► There is no change to the total cost basis for shareholders as a result of this nontaxable reorganization. Shareholders new cost basis, per share, in Stone Ridge High Yield Reinsurance Risk Premium Fund Class I Shares is equal to their old cost basis, per share in Stone Ridge Reinsurance Risk Premium Fund Class I Shares divided by the exchange ratio of 0.988012 (this results in an increased cost basis per share, since shareholders now have fewer shares as a result of this nontaxable reorganization). The purchase date and holding period of the Stone Ridge High Yield Reinsurance Risk Premium Fund Class I Shares received as a part of this nontaxable reorganization is the same as it was prior to the merger (the purchase date and holding period transfer over from the original Stone Ridge Reinsurance Risk Premium Fund Class I Shares that were held by the shareholder). 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 ► On December 2, 2016, the date of the nontaxable reorganization, the Net Asset Value ("NAV") per share of Stone Ridge Reinsurance Risk Premium Fund Class I Shares was \$9.89 and the NAV per share of Stone Ridge High Yield Reinsurance Risk Premium Fund Class I Shares was \$10.01. Thus, the exchange ratio used to calculate the change in cost basis per share (recall there is no change in total cost basis) is calculated as the ratio of the Stone Ridge Reinsurance Risk Premium Fund Class I Shares NAV of \$9.89 to the Stone Ridge High Yield Reinsurance Risk Premium Fund Class I Shares NAV of \$10.01, which calculates to 0.988012 as this calculation was taken out to 6 decimal places.

Part	II 🗀	Organizational Action (con	tinued)					
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17 L	ist the	applicable Internal Revenue Code	section(s) and subsection(s) upon which the	he tax treatment is based >	IRC 368(a)			
			No loss can be recognized by the share	eholders of record on Dece	ember 2, 2016 for this			
nontax	able r	eorganization.						
<b>19</b> P	rovide	any other information necessary t	o implement the adjustment, such as the r	enortable tay year Not an	nlicable			
15 1	TOVIGO	any other information necessary t	o implement the adjustment, such as the n	eportable tax year > Not ap	pilcable.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge an							
		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
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	Print	your name -	Preparer's signature		erating Officer and Treasurer			
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Use (	Only				Firm's EIN ▶			
	0/	Firm's address   237 (including accompanying state	ments) to: Department of the Treasury, Into	<del></del>	Phone no.			

## (December 2011) Department of the Treasury

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Internal Revenue Service Reporting Issuer Part I 2 Issuer's employer identification number (EIN) 1 Issuer's name Stone Ridge Reinsurance Risk Premium Fund 46-1663780 3 Name of contact for additional information Telephone No. of contact 5 Email address of contact Patrick Kelly info@stoneridgeam.com 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 510 Madison Avenue, 21st Floor New York, NY 10022 8 Date of action 9 Classification and description 12/02/2016 Nontaxable Corporate Reorganization - Merger 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) **SREMX** 861728202 Organizational Action Attach additional statements if needed. See back of form for additional questions. Part II Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action 
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Part	II	Organizational Action (continued	d)		, ,			
17 L	ist the	applicable Internal Revenue Code section	on(s) and subsection(s) upon which the tax tr	eatment is based ►	IRC 368(a)			
18 (	an an	y resulting loss be recognized? ► No Ic	ss can be recognized by the shareholders	s of record on Dece	ember 2, 2016 for this			
nontax	able r	eorganization.						
<b>19</b> F	rovide	any other information necessary to impl	ement the adjustment, such as the reportabl	e tax vear ▶ Not an	pplicable			
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			amined this return, including accompanying sched					
	belie	belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign								
Here	Signa	ature ▶ Signed Copy Maintained by	Taxpayer	Date ▶0	1/05/2017			
	Print	your name► /s/ Patrick Kelly		Title ► Chief Oper	ating Officer and Treasurer			
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN			
Prep	arer				self-employed			
Use (		Firm's name ▶			Firm's EIN ▶			
		Firm's address ▶			Phone no.			
Send F	orm 89	337 (including accompanying statements	) to: Department of the Treasury, Internal Re	venue Service, Ogd	en, UT 84201-0054			