

INSEEGO CORP.  
Form SC 13D/A  
December 20, 2018

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UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

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SCHEDULE 13D

Under the Securities Exchange Act of 1934  
(Amendment No. 8\*)

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Inseego Corp.  
(Name of Issuer)

Common Stock, \$0.001 Par Value  
(Title of Class of Securities)

45782B104  
(CUSIP Number)

Joseph A. Ferraro  
450 Park Avenue, 30<sup>th</sup> Floor  
New York, New York 10022  
(212) 339-5800  
(Name, Address and Telephone Number of Person  
Authorized to Receive Notices and Communications)

December 4, 2018  
(Date of Event which Requires Filing of this Statement)

If the filing person has previously filed a statement on Schedule 13G to report the acquisition which is the subject of this Schedule 13D, and is filing this schedule because of Rule 13d-1(e), 13d-1(f) or 13d-1(g), check the following box.

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Note: Schedules filed in paper format shall include a signed original and five copies of the schedule, including all exhibits. See Rule 13d-7 for other parties to whom copies are to be sent.

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\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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NAMES OF REPORTING PERSONS

I.R.S. IDENTIFICATION NOS. OF

1 ABOVE PERSONS (ENTITIES ONLY)

HC2 Holdings 2, Inc.

CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (a)

2 (b)x

SEC USE ONLY

3

SOURCE OF FUNDS (SEE INSTRUCTIONS)

4

AF

CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(D) OR 2(E) x

5

CITIZENSHIP OR PLACE OF ORGANIZATION

6

Delaware

SOLE VOTING POWER

NUMBER OF

0 ~~SHARES~~ SHARED VOTING POWER

BENEFICIALLY OWNED

BY SOLE DISPOSITIVE POWER

EACH REPORTING PERSON

0 ~~WITH~~ SHARED DISPOSITIVE POWER

WITH 1,593,583

AGGREGATE AMOUNT BENEFICIALLY OWNED BY

11 EACH REPORTING PERSON

1,593,583

CHECK BOX IF THE

12 AGGREGATE AMOUNT IN ROW

(11) EXCLUDES CERTAIN

SHARES  
(SEE INSTRUCTIONS)

PERCENT OF CLASS  
REPRESENTED BY AMOUNT IN  
13ROW (11)

2.1%

TYPE OF REPORTING PERSON  
14  
CO

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NAMES OF REPORTING PERSONS

I.R.S. IDENTIFICATION NOS. OF

1 ABOVE PERSONS (ENTITIES ONLY)

Continental General Insurance Company

CHECK THE APPROPRIATE BOX

2 IF A MEMBER OF A GROUP

(a)

(b)x

SEC USE ONLY

3

SOURCE OF FUNDS (SEE INSTRUCTIONS)

4

AF

CHECK BOX IF DISCLOSURE OF LEGAL PROCEEDINGS IS REQUIRED PURSUANT TO ITEM 2(D) OR 2(E)

5

x

CITIZENSHIP OR PLACE OF ORGANIZATION

6

Texas

SOLE VOTING POWER

NUMBER OF

SHARES

BENEFICIALLY

OWNED

BY SOLE DISPOSITIVE POWER

EACH

REPORTING

PERSON

WITH

AGGREGATE AMOUNT BENEFICIALLY OWNED BY

11 EACH REPORTING PERSON

0

CHECK BOX IF THE

12 AGGREGATE AMOUNT IN ROW

(11) EXCLUDES CERTAIN

SHARES  
(SEE INSTRUCTIONS)

PERCENT OF CLASS  
REPRESENTED BY AMOUNT IN  
13ROW (11)

0%

TYPE OF REPORTING PERSON  
14  
CO

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NAMES OF REPORTING  
PERSONS

I.R.S. IDENTIFICATION NOS. OF

1 ABOVE PERSONS (ENTITIES  
ONLY)

Continental Insurance Group Ltd.

CHECK THE APPROPRIATE BOX

2 IF A MEMBER OF A GROUP (a)

(b)x

SEC USE ONLY

3

SOURCE OF FUNDS (SEE  
INSTRUCTIONS)

4

AF

CHECK BOX IF DISCLOSURE OF  
LEGAL PROCEEDINGS IS

5 REQUIRED PURSUANT TO ITEM  
2(D) OR 2(E)

x

CITIZENSHIP OR PLACE OF  
ORGANIZATION

6

Delaware

SOLE VOTING POWER

NUMBER  
OF

SHARES

SHARED VOTING POWER  
BENEFICIALLY  
OWNED

BY SOLE DISPOSITIVE POWER

EACH  
REPORTING

PERSON

SHARED DISPOSITIVE POWER  
WITH

AGGREGATE AMOUNT

BENEFICIALLY OWNED BY

11 EACH REPORTING PERSON

0

CHECK BOX IF THE

12 AGGREGATE AMOUNT IN ROW

(11) EXCLUDES CERTAIN

SHARES

(SEE INSTRUCTIONS)

PERCENT OF CLASS  
REPRESENTED BY AMOUNT IN  
13ROW (11)

0%

TYPE OF REPORTING PERSON  
14  
CO

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NAMES OF  
REPORTING  
PERSONS

I.R.S.

IDENTIFICATION

<sup>1</sup>NOS. OF ABOVE  
PERSONS  
(ENTITIES ONLY)

Continental LTC

Inc. (f/k/a

Continental

Insurance Inc.)

CHECK THE

APPROPRIATE

BOX IF A (a)

<sup>2</sup>MEMBER OF A

GROUP

(b)x

SEC USE ONLY

<sup>3</sup>