

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Golden Harbor Ltd.</u>  (Last) (First) (Middle) CAY HOUSE, EP TAYLOR DRIVE N7776 LYFORD CAY  (Street) NEW PROVIDENCE C5  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>INSEGO CORP. [ INSG ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 12/19/2018	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/19/2018		P		9,752,729 <sup>(1)</sup>	A	\$3	18,799,229	D <sup>(2)</sup>	

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person\*

Golden Harbor Ltd.

(Last) (First) (Middle)

CAY HOUSE, EP TAYLOR DRIVE N7776  
LYFORD CAY

(Street)

NEW PROVIDENCE C5

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

LEWIS JOSEPH

(Last) (First) (Middle)

CAY HOUSE, EP TAYLOR DRIVE N7776  
LYFORD CAY

(Street)

NEW PROVIDENCE C5

(City) (State) (Zip)

**Explanation of Responses:**

- Pursuant to a Stock Purchase Agreement dated December 4, 2018, as amended, between Golden Harbor Ltd. ("Golden Harbor") and Continental General Insurance Company ("Continental"), Golden Harbor purchased, and Continental sold, 9,752,729 shares of Common Stock.
- These securities are owned directly by Golden Harbor, which may be deemed to be a member of a "group" for purposes of Section 13(d) of the Securities Exchange Act of 1934, as amended, consisting of

**Remarks:**

Golden Harbor Ltd., By: /s/  
Jason C. Callender, Jason C.  
Callender, Director & Vice  
President 12/19/2018

Joseph C. Lewis, /s/ Joseph C.  
Lewis, Joseph C. Lewis 12/19/2018

\*\* Signature of Reporting Person      Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**