

# Form 13F Filer Information

0001704720 XXXXXXXXX File Number 12-31-2023  
Filer CIK Filer CCC Period

Is this a LIVE or TEST Filing?  Radio button checked LIVE  Radio button not checked TEST  
Would you like a return copy?  Checkbox not checked YES  
Is this an electronic copy of an official filing submitted in paper format?  Checkbox not checked YES

## Submission Contact Information

Name  
Phone  
Email Address

## Notification Information

Notify via Filing website only?  Checkbox not checked YES

Notification will automatically be sent to the Login CIK, Submission Contact, and Primary Issuers. Specify additional addresses below.

## Notification Email Addresses:

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**United States  
Securities and Exchange  
Commission  
Washington, D.C. 20549**

OMB APPROVAL	
OMB Number:	3235-0006
Estimated Average burden	hours per response.....23.8

# Form 13F

## Form 13F Cover Page

Report for the Calendar Year or Quarter Ended: 12-31-2023

Check here if Amendment: Amendment Number:

This Amendment (Check only one.):  Checkbox not checked is a restatement.  
 Checkbox not checked adds new holdings entries.

## Institutional Investment Manager Filing this Report:

Name: CANNAE HOLDINGS, INC.  
C/O CANNAE HOLDINGS, INC.  
1701 VILLAGE CENTER CIRCLE  
Address: LAS VEGAS NV 89134

Form 13F File Number: 028-20286

CRD Number (if applicable):

SEC File Number (if applicable):

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

## Person Signing this Report on Behalf of Reporting Manager:

Name: Bryan D. Coy  
Title: Chief Financial Officer  
Phone: 702-323-7330

### Signature, Place, and Date of Signing:

/s/ Bryan D. Coy Las Vegas, NEVADA 02-08-2024  
[Signature] [City, State] [Date]

Do you wish to provide information pursuant to Special Instruction 5?  Radio button not checked Yes  Radio button checked No

### Additional Information

#### Report Type (Check only one.):

Checkbox checked 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

Checkbox not checked 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

Checkbox not checked 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

## Form 13F Summary Page

### Report Summary:

Number of Other Included Managers: 0  
Form 13F Information table Entry Total: 5  
Form 13F Information table Value Total: 1723351721  
(round to nearest dollar)

### List of Other Included Managers:

Provide a numbered list of the name(s) and Form 13F number(s) of all institutional investment managers with respect to which this report is filed, other than the manager filing this report.

NONE

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LIVE TEST

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### Person Signing this Report on Behalf of Reporting Manager:

Name:

Title:

Phone:

**Signature, Place, and Date of Signing:**

[Signature] ,

[City, State]

[Date]

Do you wish to provide information pursuant to Special Instruction 5?  Radio button not checked Yes  Radio button not checked No

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