FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:49

DOCUMENT # 845564 (4)

1. Corporation Name
GENERALI - U.S. BRANCH

Principal Place of Business	Mailing Address
ONE LIBERTY PLAZA NEW YORK NY 10006	ONE LIBERTY PLAZA NEW YORK NY 10006

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1980
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-5617450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITAL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	BALZER, GIORGIO	1.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA	1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	NICOLINI, RICCARDO	2.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BAROGLIO, FEDERICO	3.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	Sr.VP & CFO	☒ Change ☐ Addition
NAME	SEXTON, JOHN P	4.2 NAME	John Di Gregoria	
STREET ADDRESS	ONE LIBERTY PLAZA	4.3 STREET ADDRESS	One Liberty Plaza	
CITY-ST-ZIP	NEW YORK NY 10006	4.4 CITY-ST-ZIP	New York, NY 10006	
TITLE	VT	5.1 TITLE		☐ Change ☐ Addition
NAME	LAZARO, TOMASITO A	5.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006	5.4 CITY-ST-ZIP		
TITLE	VS	6.1 TITLE		☐ Change ☐ Addition
NAME	MASTROSERIO, ANGELA	6.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Di Gregoria 2/10/95 (212) 602-7600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0308602 FP