FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **03/26/1980**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (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 (Signature, typed or printed name of registered agent and title if applicable required) (Date required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	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	☐ DELETE	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	☒ DELETE	3.1 TITLE	SVP	☐ Change ☒ Addition
NAME	BAROGLIO, FEDERICO		3.2 NAME	IAN DAVEY	
STREET ADDRESS	ONE LIBERTY PLAZA		3.3 STREET ADDRESS	1 Liberty Plaza	
CITY-ST-ZIP	NEW YORK NY 10006		3.4 CITY-ST-ZIP	New York, NY 10006	
TITLE	SVPC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DI-GREGORIA, JOHN		4.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	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	☐ DELETE	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)(i), 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: X [signature] 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)