

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90004 047 ***150.00

DOCUMENT # 845564

1. Entity Name
GENERALI - U.S. BRANCH

Principal Place of Business LIBERTY PLAZA NEW YORK NY 10006	Mailing Address ONE LIBERTY PLAZA NEW YORK NY 10006-1404
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-5617450** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
 CAPITAL BUILDING
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BALZER, GIORGIO ONE LIBERTY PLAZA NEW YORK NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICOLINI, RICCARDO ONE LIBERTY PLAZA NEW YORK NY 10006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DAVEY, IAN 1 LIBERTY PLAZA NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI-GREGORIA, JOHN ONE LIBERTY PLAZA NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIGUARDIO, PHILIP ONE LIBERTY PLAZA NEW YORK NY 10006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MASTROSERIO, ANGELA ONE LIBERTY PLAZA NEW YORK NY 10006	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT CHRISTOPHER J. CARNICELLI ONE LIBERTY PLAZA NEW YORK, N.Y. 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SR. VICE PRESIDENT JOHN MARTINI ONE LIBERTY PLAZA NEW YORK, N.Y. 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT & TREASURER TOMASITO A. LAZARO ONE LIBERTY PLAZA NEW YORK, N.Y. 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SR. VICE PRESIDENT RICHARD G. D'AMATO ONE LIBERTY PLAZA NEW YORK, N.Y. 10006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SENIOR VICE PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000

Date Daytime Phone #

(212) 602-7600

CE 1034 (9/99)