

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 845564

1. Entity Name
GENERALI - U.S. BRANCH



Principal Place of Business
**ONE LIBERTY PLAZA
NEW YORK, NY 10006**

Mailing Address
**ONE LIBERTY PLAZA
NEW YORK, NY 10006**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SVPS
NAME	MASTROSERIO, ANGELA
STREET ADDRESS	ONE LIBERTY PLAZA
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	C
NAME	CARNICELLI, CHRISTOPHER
STREET ADDRESS	ONE LIBERTY PLAZA
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	P
NAME	MARTINI, JOHN
STREET ADDRESS	ONE LIBERTY PLAZA
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	SVP
NAME	MENENDEZ, JOSE
STREET ADDRESS	ONE LIBERTY PLAZA
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	SVP
NAME	CANEDA, MAURICIO
STREET ADDRESS	ONE LIBERTY PLAZA
CITY - ST - ZIP	NEW YORK, NY 10006
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000897521
04/25/08-80050-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

(212) 602-7600

Daytime Phone