

F24000003844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

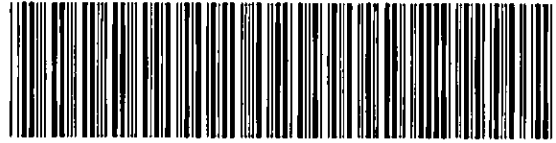
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000086232

Office Use Only



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2024 JUL -3 PM 4:44

## Generali U.S. Branch

28 Liberty Street, Suite 3040  
New York, NY 10005



July 2, 2024

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application for Foreign Qualification (Ref. Number W24000086232)  
Letter Number: 524A00012428

Dear Ms. Andrews:

We are in receipt of your letter dated June 7, 2024, notifying us that our filing was incomplete due to the missing "street address of the officers and directors of the company on the form/application." Enclosed, please find the completed application, which now correctly includes the required information for the officers and directors.

Additionally, please find the Certificate of Incorporation dated June 26, 2023, a Good Standing Letter dated May 14, 2023, and a Certificate of Good Standing dated May 17, 2024. Please note that Generali USA Insurance Company (the "Company") is an insurance company and is therefore formed and regulated by the New York Department of Financial Services. As a result, the Company is not registered with, nor does it have any documentation from, the New York Secretary of State.

We hope this satisfies your request. Should you have any questions or concerns, please contact me at (212) 602-7608 or via the email address below.

Sincerely,



Ruth Oren  
Associate General Counsel  
[Ruth\\_oren@generaliusa.com](mailto:Ruth_oren@generaliusa.com)

RECEIVED  
JUL - 3 2024

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Generali USA Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ruth Oren

Name of Person

Generali USA Insurance Company

Firm/Company

28 Liberty Street, Suite 3040

Address

New York, NY, 10005

City/State and Zip code

ruth\_oren@generaliusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth Oren

at ( 212 ) 602-7608

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**RECEIVED**  
JUL - 3 2024

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Generali USA Insurance Company  
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 93-2116870  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 22, 2023 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 28 Liberty Street, Suite 3040, New York, NY, 10005  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

2024 JUL -3 PM 4:44

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

**Note:** See attached Certificate of Incorporation. We did not file in FL within the 90-day window because the company was not licensed at the time in NY, its State of domicile.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Tarik Ajami  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 28 Liberty Street, Suite 3040  
☐ President New York, NY 10005  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Simone Bemporad  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director Piazza Tre Torri, 1  
☐ President 20145 Milano, Italy  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

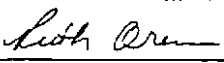
☐ Chairman Name: Christopher Carnicelli  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 28 Liberty Street, Suite 3040  
☒ President New York, NY 10005  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jean-Yves Le Berre  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 2 Rue Pillet Will  
☐ President 75009 Paris, France  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Amanda Lorenz  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 9797 Aero Drive, Suite 300  
☐ President San Diego, CA 92123  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Ruth Oren  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 28 Liberty Street, Suite 3040  
☐ President New York, NY 10005  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Ruth Oren, Director  
(Typed or printed name and capacity of person signing application)

**Attachment A**

- |                                     |           |                 |   |
|-------------------------------------|-----------|-----------------|---|
| <input checked="" type="checkbox"/> | Director  | <b>Name:</b>    | Antoine Parisi                                      |
|                                     |           | <b>Address:</b> | 2 Rue Pillet Will<br>75009 Paris, France            |
| <br>                                |           |                 |   |
| <input checked="" type="checkbox"/> | Treasurer | <b>Name:</b>    | James Dulligan                                      |
|                                     |           | <b>Address:</b> | 28 Liberty Street, Suite 3040<br>New York, NY 10005 |
| <br>                                |           |                 |   |
| <input checked="" type="checkbox"/> | Secretary | <b>Name:</b>    | John Collins  |
|                                     |           | <b>Address:</b> | 28 Liberty Street, Suite 3040<br>New York, NY 10005 |



NEW YORK STATE  
DEPARTMENT *of*  
FINANCIAL SERVICES

Kathy Hochul  
Governor

Adrienne A. Harris  
Superintendent

THE PEOPLE OF THE STATE OF NEW YORK, by Adrienne A. Harris, Superintendent of  
Department of Financial Services, pursuant to Section 1201 of the Insurance Law, do hereby  
certify that

Generali USA Insurance Company

having complied with the requirements of said Law to become a body corporate, is hereby  
declared to be incorporated, effective June 22, 2023.



In Witness Whereof, I have hereunto set my  
hand and affixed the official seal of this  
Department at the City of Albany, this  
26th day of June 2023

Adrienne A. Harris  
Superintendent

By

A stylized, handwritten signature in black ink, likely belonging to Rawle Lewis, the Acting Special Deputy Superintendent.

Rawle Lewis  
Acting Special Deputy Superintendent

KATHY HOCHUL  
Governor



ADRIENNE A. HARRIS  
Superintendent

May 13, 2024

Marisa Matays, Esq.  
Willkie Farr & Gallagher LLP  
787 Seventh Avenue  
New York, NY 10019-6099

Re: Generali USA Insurance Company ("GUSA")  
Good Standing Letter - Various States

Dear Ms. Matays:

This is in reply to that part of your May 2, 2024 communication requesting a certificate for use by the above company as part of its application for admission to other states.

An examination of our records reveals that Generali USA Insurance Company is a stock company that is licensed in New York on April 23, 2024 to transact the lines of insurance business defined and specified in the following subparagraphs of paragraph (a) of Section 1113 of the New York Insurance Law: 3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,19,20,21 and 28. A similarly licensed company that was domiciled in another state would be required to have a minimum capital of at least \$1,000,000, a minimum initial surplus to policyholders of at least \$10,100,000 (includes capital), a minimum surplus to policyholders to be maintained of at least \$6,400,000 (includes capital) and a minimum deposit of at least \$500,000. An examination as of February 29, 2024 concluded that GUSA complied with the aforementioned financial requirements.

A company must apply for authority for all lines of business it is transacting anywhere. A company must have transacted the lines of business for which it is seeking to be licensed in its state of domicile. This requirement may be waived by the Superintendent of Financial Services in her discretion (see Section 4119 of the Insurance Law).

No surety bond is required. Our requirements would be subject to the reciprocal provisions of Section 1112 of the Insurance Law.

No law or regulation of the State of New York would prevent GUSA from extending its insurance operations to another state.

GUSA remains in good standing regarding its solvency to the date of this certificate.



Very truly yours,

*Robert Darmento*

Robert Darmento  
Financial Services Examiner 2

cc: Ms. Lau

Certificate of Good Standing

**STATE OF NEW YORK**  
**DEPARTMENT OF FINANCIAL SERVICES**

It is hereby certified that

**GENERALI USA INSURANCE COMPANY**  
of New York, New York

was incorporated under the Laws of the State of New York on June 22, 2023, under the title of GENERALI USA INSURANCE COMPANY and was licensed to transact insurance business in the State of New York on April 23, 2024 under the title of GENERALI USA INSURANCE COMPANY.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine, marine protection and indemnity and service contract reimbursement insurance as specified in the paragraph(s) 3(i), 3(ii), 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21 and 28 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.



\*\*\* INVALID WITHOUT OFFICIAL SEAL \*\*\*

Certificate of Good Standing

STATE OF NEW YORK

DEPARTMENT OF FINANCIAL SERVICES



In Witness Whereof, I have hereunto set my hand  
and affixed the official seal of this Department  
at the City of Albany, New York, this  
17th day of May, 2024

ADRIENNE A. HARRIS

Superintendent

By

A black and white ink signature of Rawle Lewis, written in a cursive style.

Rawle Lewis

Special Deputy Superintendent