

**STATEMENT OF THE PROXY HOLDER
FOR CONFORMITY TO THE ORIGINAL OF COPY OF THE PROXY**I, the undersigned ⁽¹⁾_____
* Surname and name_____
* Place of birth_____
* Date of birth_____
* Tax code_____
* Address**appointed as PROXY HOLDER by the following subject with the voting rights according to art. 83 – sexies of Legislative Decree 58/1998 ⁽²⁾.**_____
* Surname and name / Company name_____
* Name_____
* Place of birth_____
* Date of birth_____
* Tax code_____
* Address

to participate in the Ordinary Shareholders' Meeting of Vittoria Assicurazioni S.p.A. called at the Company's registered offices in Milan, Via Ignazio Gardella n. 2, on Friday 24 April 2015 at 10.30 a.m. on first call and, if necessary, on Monday 27 April 2015, at the same time and place, under my responsibility, to the effects and for the purposes of art. 135-*novies*, fifth paragraph, of Legislative Decree 58/1998

CERTIFY

- that the copy of the proxy delivered/transmitted to the Company conforms to the original;
- the identity of the Proxy Granter.

I acknowledge that, pursuant to Article 135-*novies*, fifth paragraph, of Legislative Decree 58/1998, the Proxy Holder keeps the original of the proxy form and trace of the voting instructions received, if any, for one year starting from the completion of the relevant meetings.

Signature _____

Place and date _____

(1) Please indicate the personal data of the Proxy Holder of the representative.

(2) Please indicate the personal data of the person with the right to vote indicated in the copy of the statement issued by the intermediary: name, surname or company name, Tax code or VAT Registration Number.

(*) mandatory disclosure