

**STATEMENT OF THE PROXY HOLDER
FOR CONFORMITY TO THE ORIGINAL OF COPY OF THE PROXY**

To be delivered in original to the Company in case of delivery/transmission of copy of the proxy

I, the undersigned ⁽¹⁾

* Surname or Company name

* Name

*Place of birth

* Date of birth

*Tax code

*Residence or registered office

*no

*Post code

*Town

appointed as PROXY HOLDER by the following subject with the voting rights according to art. 83 – sexies of Legislative Decree 58/1998 ⁽²⁾:

* Surname or Company name

* Name

*Place of birth

* Date of birth

*Tax code

*Residence or registered office

*no

*Post code

*Town

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 20 April 2012 at 10.30 a.m. on first call and, if necessary, on Saturday 21 April 2012, 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

(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