

Request for registration in the list to obtain increased voting rights (the "Special List") pursuant to Article 127- *quinquies* of Legislative Decree no. 58 of 24 February 1998

To be sent to: UnipolSai Assicurazioni S.p.A. (the "Company")

Through the Intermediary to the certified e-mail of the Company "azionistiunipolsai@pec.unipol.it".

Identification data of the party entitled to the voting right to be registered in the Special List (the "Applicant"):

Last name or Company name	
First name	
Italian fiscal code (if any)	
Place of birth	
Date of birth (ddmmccaa)	Citizenship
Address or registered office	
Town	Country
E-mail address	Telephone

Identification data of the Applicant's controlling party:

(only if the Applicant is a legal entity or any other entity even without legal personality subject to direct or indirect control)

Last name and first name or Company name
Address or registered office

In rem right qualifying the voting right: *(tick the relevant box)*

<input type="checkbox"/> ownership	<input type="checkbox"/> bare ownership	<input type="checkbox"/> usufruct
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Shares to be registered in the Special List:

Number of shares	Applicant's account
Depository intermediary	

Statements of the Applicant

The Applicant (i) **declares** that he/she/it took due note of the specific terms and conditions set by the Company in its By-laws and/or in its procedural regulation in order to grant, maintain, lose and waive (totally or partially) increased voting rights, (ii) **declares** that he/she/it has full ownership, both formal and substantive, of the voting rights related to the shares to be registered in the Special List and (iii) **undertakes** to fulfill any communication or supplementary duty foreseen in the By-laws and/or in the procedural regulation of the Company in order to have the shares registered in the Special List and in order to ascertain the requirements for the granting, maintenance and loss of the increased voting rights.

Date

The Applicant _____

(if the signing party acts on behalf of the entity entitled to the voting right, please fill in the following table including data relating to the signing party)

Last name and first name	
Place of birth	Date of birth (ddmmccaa)
In the quality of (to specify)	