Annex 1

SUBSCRIPTION FORM

NOTICE OF NET INSURANCE RIGHTS OFFERING PURSUANT TO ARTICLE 2437-QUATER, PARAGRAPH 2, OF THE ITALIAN CIVIL CODE

The undersigned ………………………………………………………………………………………… born in …………….………………… (………..), on …………………………………………………………….... residing at ………….. (………..), Street …………………………………. No. ……… Post Code …………………... Tax Code/VAT Reg. No. …………………………………………………

Represented by the following party vested with the necessary powers (where applicable):

Name and surname.……………………………………………………………………………………….. born in …………….………………… (………..), on ………………………………………………….... residing at ………….. (………..), Street ………………………………. No. ……… Post Code …………………... Tax Code/VAT Reg. No. ……………………………………………………………………….

in the capacity of shareholder of Net Insurance S.p.A., a company with registered office in Via Giuseppe Antonio Guattani, 4 - Rome and entered in the Register of Companies of Rome ("**Net Insurance**")

DECLARES

- To be cognizant of the Net Insurance rights offering in ordinary shares deriving from the merger with Archimede S.p.A. for which the right of withdrawal was exercised (the "**Shares**"), filed at the Registry of Companies of Rome on January 24, 2018 pursuant to Art. 2437-*quater*, paragraph 2 of the Civil Code, and published through SDIR-NIS, and on the company's website www.netinsurance.it (the "**Rights Offering**"), and fully accepts the terms, conditions and procedures;

- To not having exercised –on the Archimede shares exchanged in the Net Insurance shares associated with the option rights referred to in the next point – the right of withdrawal, in accordance with Art. 2437, paragraph 1(a), of the Civil Code, as a result of the motion passed by the Extraordinary Shareholders' Meeting of Archimede on November 20, 2018;

  - To hold no. .... Option Rights (ISIN IT0005358327) (the "**Options**") relating to Net Insurance shares already Archimede S.pA. (ISIN IT0003324024) registered in the securities account no. .... at the intermediary receiving this form (the "**Intermediary**") and therefore

EXERCISES

- .... (A) Options in number and, as a result of exercising the above Options,

PURCHASES

- .... (B = A/**0.02914 rounded down to the lower unit**) shares in number under the Rights Offering, at a price of Euro   4.69 per Share and a total value of Euro ……………… (.............................……………….//....) (C = B x 4.69);

REQUESTS TO PURCHASE UNDER PRE-EMPTION

in accordance with Article 2437-*quater*, paragraph 3 of the Civil Code,

a maximum number of .... (D) Shares that should remain unopted at the end of the Rights Offering period for a maximum total value of Euro…………… (……………………...………………….//....) (E = D x 4.69) and acknowledges that, should the number of residual shares be lower than the number of shares requested in total under

pre-emption by shareholders exercising this right, the shares will be apportioned in accordance with the procedures set out in the Rights Offering;

COMMITS TO PAY

the total value of Euro …………….. (……………………………………./……….) (C + E) for the purchase of the opted Shares and those requested under pre-emption, or the lower price should Shares requested under pre-emption be apportioned, by drawing the amount from bank account n. ……………… at ……………….. IBAN ……………………………………………;

GRANTS

an irrevocable mandate to the Intermediary to pay the total value to Net Insurance for the share purchase, or the lower value in the case of apportionment, as established above, it being understood that the payment of the above value in favor of the company and the Share transfer concludes the settlement procedure;

REQUESTS

that the purchased shares are credited to the securities deposit account no. ……………… at ……………….. CAB ………………….. ABI …………………………. through the intermediary who is receiving this form;

DECLARES

– To be aware of the fact that subscription to the Rights Offering is irrevocable;
– To be aware that any anomaly in this subscription form's signature will result in its voidance and the corresponding subscription's invalidity;

CONFIRMS

the accuracy of data reported in this subscription form, under personal liability and for all purposes as laid down by law.

Pursuant to Regulation (EU) 679/2016, Net Insurance S.p.A., in the capacity of data controller, declares that personal data provided on the signing of this Subscription Form will be processed for the sole purpose of the Offering, including by means of computer and electronic procedures. The processing's legal basis is the execution of a contractual obligation which the data subject is a party to and, in certain cases, for the fulfilment of legal obligations. The provision of data is a necessary requirement without which the Subscription Form cannot be submitted. In order to meet obligations, data may be communicated to the following parties acting in the capacity of autonomous holders, each for the purposes connected and instrumental to their role in the procedure: (i) Appointed Intermediaries, (ii) Securities Depositories and (iii) Computershare S.p.A. Furthermore, data may be made known to companies identified by these parties which carry out activities that are fundamental to the procedure in their role as data processors. Further information on these parties or on the other companies identified by them is available in the respective privacy policies. Moreover, in order to comply with legal obligations, personal data may be communicated to the supervisory and control authorities. Data of data subjects will be stored on Italian servers for a period of ten years from the compilation of the subscription form. At the end of this period, the data will be deleted or rendered anonymous. Data subjects are entitled to access their data at any time and to obtain a copy, to correct the data and/or supplement it if incorrect or incomplete, to delete it or request a restriction on its processing, to oppose its processing, to obtain portability, where applicable, if processed in an automated manner for the contract's execution and to contact the Data Protection Authority should the data subjects believe that their rights have been infringed. For any clarification or question concerning the processing of personal data, data subjects may send a registered letter to Net Insurance S.p.A., Via Giuseppe Antonio Guattani, 4.

_____

(Place and Date)

_____   _____

(Signature of the Offering's subscriber or of the authorised representative)   (Intermediary's stamp and signature)