

1.) CORPORATION NAME:

**AMICA MUTUAL INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
DAVID L HAUCK  
10 E FRANKLIN ST  
RICHMOND, VA 23219**

DUE DATE: **1/31/2012**

SCC ID NO: **F0261612**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE HUNDRED AMICA WAY

CITY/ST/ZIP: LINCOLN, RI 02865-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT A DIMUCCIO  
TITLE: P/CEO/CHAIRMAN  
ADDRESS: 6 INTERVALE DRIVE  
CITY/ST/ZIP/CO: CUMBERLAND, RI 02865-

OFFICER

DIRECTOR

NAME: ROBERT K BENSON  
TITLE: SR VP/CIO  
ADDRESS: 29 MELROSE AVE  
CITY/ST/ZIP/CO: BARRINGTON, RI 02806-

OFFICER

DIRECTOR

NAME: PAUL A PYNE  
TITLE: EX VP  
ADDRESS: 5 DOWNING STREET  
CITY/ST/ZIP/CO: EAST GREENICH, RI 02818-

OFFICER

DIRECTOR

NAME: ROBERT P SUGLIA  
TITLE: SR. VP/GEN COUN  
ADDRESS: 115 DANA RD  
CITY/ST/ZIP/CO: NORTH KINGSTOWN, RI 02852-

OFFICER

DIRECTOR

NAME: MARY Q WILLIAMSON  
TITLE: VP/CONTROLLER  
ADDRESS: 450 WAKEFIELD ST  
CITY/ST/ZIP/CO: WEST WARWICK, RI 02893-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES LORING CFO & Treasurer 46 ROCKY WOODS ROAD HOPKINTON, MA 01748-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE CASEY Sr.Asst.VP &Sec 11 HOLLY LANE WEST HARWICH, MA 02671-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JILL ANDY Sr. VP 3 FLETCHER WAY NORTON, MA 02766-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER MOREAU VP & CIO 69 TURNSTONE DRIVE ATTLEBORO, MA 02703-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE MURPHY Sr. VP 516 BLACK PLAIN ROAD N. SMITHFIILD, RI 02896-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES BUSSIERE Sr. VP 8 GLEN ELLEN DRIVE CUMBERLAND, RI 02864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN DOLAN VICE PRESIDENT 8 RIDGELAND DRIVE CUMBERLAND, RI 02864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA CHADWICK DIRECTOR 31 HILLCREST PARK ROAD OLD GREENWICH, CT 06870-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY AIKEN DIRECTOR 1071 E. CIRCLE DRIVE WHITEFISH BAY, WI 53217-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS TAYLOR DIRECTOR 5 BROOK ROAD SWANSEA, MA 02777-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RONALD MACTLEY TITLE: DIRECTOR ADDRESS: 1150 DOUGLAS PIKE CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW ERICKSON TITLE: DIRECTOR ADDRESS: 10 STONE RIDGE DRIVE CITY/ST/ZIP/CO: EAST GREENWICH, RI 02818-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY HITTNER TITLE: DIRECTOR ADDRESS: 222 CHANNEL VIEW CITY/ST/ZIP/CO: WARWICK, RI 02889-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHERYL SNEAD TITLE: DIRECTOR ADDRESS: 101 ST. JAMES COURT CITY/ST/ZIP/CO: NORTH PROVIDENCE, RI 02904-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL JEANS TITLE: DIRECTOR ADDRESS: 95 WESTFORD ROAD CITY/ST/ZIP/CO: CONCORD, MA 01742-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD REAVES TITLE: DIRECTOR ADDRESS: 5005 MARBLE ARCH ROAD CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27104-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD PLOTKIN TITLE: DIRECTOR ADDRESS: 2 LEROY AVENUE CITY/ST/ZIP/CO: NEWPORT, RI 02840-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD DEGRAAN TITLE: DIRECTOR ADDRESS: 56 RENDEZVOUS LANE CITY/ST/ZIP/CO: BARNSTABLE, MA 02630-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ SUZANNE CASEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUZANNE CASEY, Sr.Asst.VP &Sec PRINTED NAME AND CORPORATE TITLE
1/9/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	