

1.) CORPORATION NAME:

**AMICA MUTUAL INSURANCE COMPANY**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID L HAUCK  
DUANE HAUCK & GNAPP  
10 E FRANKLIN ST**

SCC ID NO: **F0261612**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO/CHAIRMAN		
ADDRESS:	6 INTERVALE DRIVE		
CITY/ST/ZIP/CO:	CUMBERLAND, RI 02865		
NAME:	JILL ANDY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	3 FLETCHER WAY		
CITY/ST/ZIP/CO:	NORTON, MA 02766		
NAME:	ROBERT K BENSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CIO		
ADDRESS:	29 MELROSE AVE		
CITY/ST/ZIP/CO:	BARRINGTON, RI 02806		
NAME:	JAMES BUSSIÈRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	8 GLEN ELLEN DRIVE		
CITY/ST/ZIP/CO:	CUMBERLAND, RI 02864		
NAME:	SUZANNE CASEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.ASST.VP &SEC		
ADDRESS:	11 HOLLY LANE		
CITY/ST/ZIP/CO:	WEST HARWICH, MA 02671		
NAME:	PETER MOREAU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CIO		
ADDRESS:	69 TURNSTONE DRIVE		
CITY/ST/ZIP/CO:	ATTLEBORO, MA 02703		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE MURPHY SR. VP 516 BLACK PLAIN ROAD N. SMITHFIELD, RI 02896	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL A PYNE EX VP 5 DOWNING STREET EAST GREENICH, RI 02818	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P SUGLIA SR. VP/GEN COUN 115 DANA RD NORTH KINGSTOWN, RI 02852	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY Q WILLIAMSON VP/CONTROLLER 450 WAKEFIELD ST WEST WARWICK, RI 02893	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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:	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:	DEBRA CANALES DIRECTOR 27870 CABOT DRIVE NOVI, MI 48377	<input type="checkbox"/> OFFICER	<input checked="" 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:	EDWARD DEGRAAN DIRECTOR 56 RENDEZVOUS LANE BARNSTABLE, MA 02630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY HITTNER DIRECTOR 222 CHANNEL VIEW WARWICK, RI 02889	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL JEANS DIRECTOR 95 WESTFORD ROAD CONCORD, MA 01742	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RONALD MACHTLEY TITLE: DIRECTOR ADDRESS: 1150 DOUGLAS PIKE CITY/ST/ZIP/CO: SMITHFIELD, RI 02917	<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: 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: 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: THOMAS TAYLOR TITLE: DIRECTOR ADDRESS: 5 BROOK ROAD CITY/ST/ZIP/CO: SWANSEA, MA 02777	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN DOLAN TITLE: Sr. Asst. VP ADDRESS: 8 RIDGELAND DRIVE CITY/ST/ZIP/CO: CUMBERLAND, RI 02864	<input checked="" type="checkbox"/> OFFICER	<input 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	12/18/2012 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.		