

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214503485

1.) CORPORATION NAME:

AMICA MUTUAL INSURANCE COMPANY

DUE DATE: **1/31/2014**

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

RICHMOND, VA

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 OFFICER DIRECTOR
TITLE: P/CEO/CHAIRMAN
ADDRESS: 6 INTERVALE DRIVE
CITY/ST/ZIP/CO: CUMBERLAND, RI 02865

NAME: JILL ANDY OFFICER DIRECTOR
TITLE: SR. VP
ADDRESS: 3 FLETCHER WAY
CITY/ST/ZIP/CO: NORTON, MA 02766

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

NAME: JAMES BUSSIÈRE OFFICER DIRECTOR
TITLE: SR. VP
ADDRESS: 8 GLEN ELLEN DRIVE
CITY/ST/ZIP/CO: CUMBERLAND, RI 02864

NAME: SUZANNE CASEY OFFICER DIRECTOR
TITLE: SR.ASST.VP &SEC
ADDRESS: 11 HOLLY LANE
CITY/ST/ZIP/CO: WEST HARWICH, MA 02671

NAME: PETER MOREAU OFFICER 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 & COO 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 90 HAWK LANE BOULDER, CO 80304	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD MACHTLEY DIRECTOR 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PLOTKIN DIRECTOR 6565 THE MASTERS AVENUE LAKEWOOD RANCH, FL 34202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD REAVES DIRECTOR 5005 MARBLE ARCH ROAD WINSTON-SALEM, NC 27104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL SNEAD DIRECTOR 101 ST. JAMES COURT NORTH PROVIDENCE, RI 02904	<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
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	1/13/2014 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.			