

1.) CORPORATION NAME:

AMICA LIFE INSURANCE COMPANY

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0300766**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

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: CHRMN/PRES/CEO
ADDRESS: 6 INTERVALE DRIVE
CITY/ST/ZIP/CO: CUMBERLAND, RI 02864-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: ROBERT P SUGLIA
TITLE: SR VP/GC
ADDRESS: 115 DANA ROAD
CITY/ST/ZIP/CO: NORTH KINGSTOWN, RI 02852-

OFFICER

DIRECTOR

NAME: JAMES MCDERMOTT, JR
TITLE: Sr.Asst.VP & GM
ADDRESS: 78 NEWELL DRIVE
CITY/ST/ZIP/CO: CUMBERLAND, RI 02864-

OFFICER

DIRECTOR

NAME: JAMES LORING
TITLE: CFO & Treasurer
ADDRESS: 46 ROCKY WOODS RD.
CITY/ST/ZIP/CO: HOPKINTON, MA 01748-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE CASEY Sr.Asst.VP&Sec 11 HOLLY LANE HARWICH, MA 02671-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN DOLAN Sr.Asst.VP 8 RIDGELAND DRIVE CUMBERLAND, RI 02864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES RUEGG Sr.Asst.VP 16 PINE STREET N. PROVIDENCE, RI 02911-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS MAZZA, JR. Sr.Asst.VP 24 VEIL COURT N. KINGSTOWN, RI 02852-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA CHADWICK DIRECTOR 31 HILLCREST PARK RD 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: 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:	ANDREW ERICKSON DIRECTOR 10 STONE RIDGE DRIVE E. GREENWICH, RI 02818-	<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: CHERYL SNEAD TITLE: DIRECTOR ADDRESS: 101 ST. JAMES COURT CITY/ST/ZIP/CO: N. 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 RD. 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
2/7/2012 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.	