

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000000812

**Entity Name:** AMICA GENERAL AGENCY, LLC**Current Principal Place of Business:**ONE HUNDRED AMICA WAY  
LINCOLN, RI 02865**Current Mailing Address:**PO BOX 6008  
PROVIDENCE, RI 02940**FEI Number:** 05-0430401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            DIMUCCIO, ROBERT A  
Address        ONE HUNDRED AMICA WAY  
City-State-Zip: LINCOLN RI 02865

Title            CEO  
Name            DIMUCCIO, ROBERT A  
Address        ONE HUNDRED AMICA WAY  
City-State-Zip: LINCOLN RI 02865

Title            SENIOR VICE PRESIDENT  
Name            LORING, JAMES P  
Address        ONE HUNDRED AMICA WAY  
City-State-Zip: LINCOLN RI 02865

Title            CFO, TREASURER  
Name            LORING, JAMES P  
Address        ONE HUNDRED AMICA WAY  
City-State-Zip: LINCOLN RI 02865

Title            SENIOR ASSISTANT VICE PRESIDENT  
                 AND SECRETARY  
Name            CASEY, SUZANNE E  
Address        ONE HUNDRED AMICA WAY  
City-State-Zip: LINCOLN RI 02865

Title            SENIOR VICE PRESIDENT AND  
                 GENERAL MANAGER  
Name            SHALLCROSS, EDMUND III  
Address        ONE HUNDRED AMICA WAY  
City-State-Zip: LINCOLN RI 02865

Title            VICE PRESIDENT AND GENERAL  
                 COUNSEL  
Name            MORRISON, JENNIFER A.  
Address        ONE HUNDRED AMICA WAY  
City-State-Zip: LINCOLN RI 02865

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUZANNE E. CASEY**SR. AVP & SECRETARY****03/06/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date