

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829623

1. Entity Name

AMICA MUTUAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

ONE HUNDRED AMICA WAY
LINCOLN RI 02865
US

P. O. BOX 6008
PROVIDENCE RI 02940-6008
US

2. Principal Place of Business

One Hundred Amica Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lincoln, RI

City & State

4. FEI Number

05-0348344

Applied For

Not Applicable

Zip

02865

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PCEO~~ ☐ Delete
NAME ~~TAYLOR, THOMAS A~~
STREET ADDRESS ~~5 BROOK ROAD~~
CITY-ST-ZIP ~~SWANSEA MA 02777~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SEE ATTACHMENT

TITLE ~~EVP~~ ☐ Delete
NAME ~~ERICKSON, ANDREW M~~
STREET ADDRESS ~~10 STONE RIDGE DRIVE~~
CITY-ST-ZIP ~~E GREENWICH RI 02818~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SVPT~~ ☐ Delete
NAME ~~DIMUCCIO, ROBERT A~~
STREET ADDRESS ~~8 INTERVALE DR~~
CITY-ST-ZIP ~~COMBERLAND RI 02864~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SVPG~~ ☐ Delete
NAME ~~NAIS, KENNETH H~~
STREET ADDRESS ~~275 GILBERT STUART DR~~
CITY-ST-ZIP ~~EAST GREENWICH RI 02818~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SVP~~ ☐ Delete
NAME ~~AMYLON, KENNETH L~~
STREET ADDRESS ~~27 COLE AVENUE~~
CITY-ST-ZIP ~~PROVIDENCE RI 02908~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SVP~~ ☐ Delete
NAME ~~DEFORGE, WILLIAM J~~
STREET ADDRESS ~~25 ALLEN DRIVE~~
CITY-ST-ZIP ~~E GREENWICH RI 02818~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Peter F. Goldbecker

SIGNATURE:

Peter F. Goldbecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Vice Pres. & Sec.

3/10/00

401-334-6000

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90078 028 ***150.00



DO NOT WRITE IN THIS SPACE

CE 1004-0009

829623

Attachmen.

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