

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

6-4

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **835984** (6)

1. Corporation Name  
**AMICA LIFE INSURANCE COMPANY**



Principal Place of Business: LINCOLN CENTER OFFICE PARK, LINCOLN CENTER BLVD, LINCOLN RI 02865 US  
Mailing Address: PO BOX 6008, PROVIDENCE RI 02940 US

3. Date Incorporated or Qualified: **03/19/1976**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **05-0340166**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: STATE INSURANCE COMMISSIONER, CAPITOL BLDG., TALLAHASSEE FL 32304  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <del>D</del>	<del>JOEL N. TOBEY, -</del> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>JOEL N. TOBEY, -</del>		1.2 NAME	See Attachment
STREET ADDRESS: <del>0 HARBOR RD. -</del>		1.3 STREET ADDRESS	
CITY-STATE-ZIP: <del>BARRINGTON, RI -</del>		1.4 CITY-STATE-ZIP	
TITLE: <del>VP</del>	<del>HAROLD HITCHEN JR. -</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>HAROLD HITCHEN JR. -</del>		2.2 NAME	
STREET ADDRESS: <del>120 CRYSTAL DRIVE -</del>		2.3 STREET ADDRESS	
CITY-STATE-ZIP: <del>EAST GREENWICH RI 02886 -</del>		2.4 CITY-STATE-ZIP	
TITLE: <del>VP</del>	<del>BENSON, ROBERT K. -</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>BENSON, ROBERT K. -</del>		3.2 NAME	
STREET ADDRESS: <del>28 MELROSE AVE -</del>		3.3 STREET ADDRESS	
CITY-STATE-ZIP: <del>BARRINGTON RI -</del>		3.4 CITY-STATE-ZIP	
TITLE: <del>VP</del>	<del>KATZ, RICHARD S. -</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>KATZ, RICHARD S. -</del>		4.2 NAME	
STREET ADDRESS: <del>20 INDIGO FARM RD -</del>		4.3 STREET ADDRESS	
CITY-STATE-ZIP: <del>HARRISVILLE RI -</del>		4.4 CITY-STATE-ZIP	
TITLE: <del>VP</del>	<del>CARL R. NEAL, -</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>CARL R. NEAL, -</del>		5.2 NAME	
STREET ADDRESS: <del>100 BEACH ST. -</del>		5.3 STREET ADDRESS	
CITY-STATE-ZIP: <del>WICKFORD RI 02852 -</del>		5.4 CITY-STATE-ZIP	
TITLE: <del>VP</del>	<del>KENNETH H. NAILS, -</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>KENNETH H. NAILS, -</del>		6.2 NAME	
STREET ADDRESS: <del>275 GILBERT-STUART DR. -</del>		6.3 STREET ADDRESS	
CITY-STATE-ZIP: <del>GREENWICH RI 02818 -</del>		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard W. Pearce, Jr.* Richard W. Pearce, Jr. Sr. Vice Pres. & Sec. 4/19/96 (401) 334-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

**AMICA LIFE INSURANCE COMPANY**

<b>Thomas A. Taylor</b>	<b>President &amp; Chief Exec. Officer</b>	<b>5 Brook Rd. Swansea, MA 02777</b>
<b>Carl R. Neal</b>	<b>Sr. Vice Pres. &amp; Gnrl. Mgr.</b>	<b>108 Beach Street Wickford, RI 02852</b>
<b>Harold Hitchen, Jr.</b>	<b>Sr. Vice Pres., CFO, Treas.</b>	<b>120 Crystal Drive E. Greenwich, RI 02818</b>
<b>Richard W. Pearce, Jr.</b>	<b>Sr. Vice Pres. &amp; Secretary</b>	<b>41 Beacon Drive No. Kingstown, RI 02852</b>
<b>Kennet H. Nails</b>	<b>Sr. Vice Pres. &amp; Gnrl. Counsel</b>	<b>275 Gilbert Stuart Drive E. Greenwich, RI 02818</b>
<b>Robert K. Benson</b>	<b>Sr. Vice Pres. &amp; CIO</b>	<b>29 Melrose Avenue Barrington, RI 02806</b>
<b>Robert A. DiMuccio</b>	<b>Sr. Vice President</b>	<b>6 Intervale Drive Cumberland, RI 02864</b>
<b>Richard S. Katz</b>	<b>Sr. Asst. Vice President</b>	<b>29 Indigo Farm Road No. Smithfield Harrisville, RI 02830</b>
<b>Mary Q. Williamson</b>	<b>Sr. Asst. Vice President</b>	<b>450 Wakefield St. W. Warwick, RI 02893</b>
<b>Stephen P. Brainard</b>	<b>Asst. Vice President</b>	<b>166 Eight Street Providence, RI 02906</b>
<b>Dennis D. Giordano</b>	<b>Asst. Vice President</b>	<b>70 Edgewater Road Narragansett, RI 02882</b>
<b>James E. McDermott, Jr.</b>	<b>Asst. Vice President</b>	<b>50 Abbott Run Vly. Road Apple Ridge Estate Unit 1601 Cumberland, RI 02864</b>
<b>Stephen F. Dolan</b>	<b>Asst. Vice President</b>	<b>8 Ridgeland Drive Cumberland, RI 02864</b>
<b>James R. Ruegg</b>	<b>Compliance Officer</b>	<b>16 Pine Street No. Providence, RI 02911</b>
<b>Nyles L. Kruger</b>	<b>Director of Sales</b>	<b>11 Arbor Way No. Kingstown, RI 02852</b>

**Joyce A. LaBanca**

**Claims Officer**

**17 Cady Street  
Johnston, RI 02919**

**Thomas J. Murphy**

**Structured Settlement Officer**

**196 Country Club Drive  
Warwick, RI 02888**

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DIRECTORS

Joel N. Tobey  
6 Harbour Road  
Barrington, RI 02806

Lowell C. Smith  
Dudley Hills  
Dudley, MA 01570

W. Lawrence George  
1 Colonial Village  
Falmouth, ME 04105

Robert R. Faulkner  
228 Rumstick Road  
Barrington, RI 02806

Henry S. Woodbridge, Jr.  
100 Kings Highway  
Pomfret, CT 06258

Peter B. Freeman  
100 Alumni Avenue  
Providence, RI 02906

Donald R. Goodby  
22 Barrows Drive  
East Greenwich, RI 02818

Patricia W. Chadwick  
31 Hillcrest Park Road  
Old Greenwich, CT 06870

Jeffrey P. Aiken  
1071 E. Circle Drive  
Whitefish Bay, WI 53217

Thomas A. Taylor  
5 Brook Road  
Swansea, MA 02777