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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **835984** **(6)**

1. Corporation Name
AMICA LIFE INSURANCE COMPANY

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 03/19/1976	3a. Date of Last Report 04/23/1996
4. FEI Number 05-0340166	☐ Applied For ☐ Not Applicable
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	

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 Name

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

83

84 City **FL** 85 Zip Code

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	~~PCEO~~ ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~TAYLOR, THOMAS A.~~	1.2 NAME	
STREET ADDRESS	~~5 BROOK ROAD~~	1.3 STREET ADDRESS	See Attachment
CITY-ST-ZIP	~~SWANSEA MA~~	1.4 CITY-ST-ZIP	
TITLE	~~VP~~ ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~NEAL, CARL R.~~	2.2 NAME	
STREET ADDRESS	~~106 BEACH STREET~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~WICKFORD RI~~	2.4 CITY-ST-ZIP	
TITLE	~~TCFO~~ ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~HITCHEN, HAROLD~~	3.2 NAME	
STREET ADDRESS	~~120 CRYSTAL DRIVE~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~E. GREENWICH RI~~	3.4 CITY-ST-ZIP	
TITLE	~~SVP~~ ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~PEARCE, RICHARD W.~~	4.2 NAME	
STREET ADDRESS	~~41 BEACON DRIVE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~NORTH KINGSTOWN RI~~	4.4 CITY-ST-ZIP	
TITLE	~~VPGC~~ ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	~~NAILS, KENNET H~~	5.2 NAME	
STREET ADDRESS	~~275 GILBERT STUART DRIVE~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~EAST GREENWICH RI~~	5.4 CITY-ST-ZIP	
TITLE	~~VP~~ ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	~~DIMUCCIO, ROBERT A~~	6.2 NAME	
STREET ADDRESS	~~8 INTERVALE DRIVE~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~CUMBERLAND RI~~	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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: Peter F. Goldbecker Peter F. Goldbecker Vice Pres. & Sec. 3/11/97 (401) 334-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497180

AMICA LIFE INSURANCE COMPANY

Thomas A. Taylor	President & Chief Exec. Officer	5 Brook Rd. Swansea, MA 02777
Carl R. Neal	Sr. Vice Pres. & Gnrl. Mgr.	108 Beach Street Wickford, RI 02852
Robert A. DiMuccio	Sr.Vice Pres. & Treas.	6 Intervale Drive Cumberland, RI 02864
Peter F. Goldbecker	Vice Pres. & Secretary	9 Barn Drive Cumberland, RI 02864
Kenneth H. Nails	Sr. Vice Pres. & Gnrl. Counsel	275 Gilbert Stuart Drive E.Greenwich, RI 02818
Robert K. Benson	Sr. Vice Pres. & CIO	29 Melrose Avenue Barrington, RI 02806
Richard S. Katz	Sr. Asst. Vice President	28 Indigo Farm Road No. Smithfield Harrisville, RI 02830
Mary Q. Williamson	Sr. Asst. Vice President	450 Wakefield St. W. Warwick, RI 02893
Stephen P. Brainard	Asst. Vice President	166 Eight Street Providence, RI 02906
Dennis D. Giordano	Asst. Vice President	70 Edgewater Road Narragansett, RI 02882
James E. McDermott, Jr.	Asst. Vice President	78 Newell Drive Cumberland, RI 02864
Stephen F. Dolan	Asst. Vice President	8 Ridgeland Drive Cumberland, RI 02864
James R. Ruegg	Asst. Vice President	16 Pine Street No. Providence, RI 02911
Nyles L. Kruger	Director of Sales	11 Arbor Way No. Kingstown, RI 02852
Joyce A. LaBanca	Claims Officer	17 Cady Street Johnston, RI 02919
Thomas J. Murphy	Structured Settlement Officer	196 Country Club Drive Warwick, RI 02888

Thomas J. Murphy	**Structured Settlement Officer**	**198 Country Club Drive** **Warwick, RI 02888**
Marion A. Nencka	**Operations Officer**	**20 Reservoir Avenue** **Warren, RI 02885**

DIRECTORS

Joel N. Tobey
6 Harbour Road
Barrington, RI 02806

Lowell C. Smith
1618 S.E. Edith Esplanade
Cape Coral, FL 33904

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

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