FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2002 8:00 am Secretary of State DOCUMENT # 835984 1. Entity Name 01-27-2002 90044 049 ***150 00 AMICA LIFE INSURANCE COMPANY Principal Place of Business Mailing Address ONE HUNDRED AMICA WAY PO BOX 6008 LINCOLN RI 02865 PROVIDENCE RI 02940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 05-0340166 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG. TALLAHASSEE FL 32304 Zip Code City FL 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. er keitere vallu SIGNATURE THE DATE OF THE STATE OF Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS P/CEO/D ☐ Addition ☐ Delete change TITLE PCE0 TITLE NAME NAME TAYLOR, THOMAS A SEE ATTACHED STREET ADDRESS STREET ADDRESS 5 BROOK RD CITY-ST-ZIP CITY-ST-ZIE SWANSEA MA 02777 Change TITLE ☐ Delete TITLE Addition SVPM SVP/M NAME NAME NEAL, CARL R McDermott, James E. STREET ADDRESS STREET ADDRESS **108 BEACH STREET** 78 Newell Drive CITY-ST-ZIP CITY-ST-ZIP WICKFORD RD 02852 Cumberland, RI 02864 K Change ☐ Addition TITLE ☐ Delete SVPT SVP/T/CFO NAME DIMUCCIO, ROBERT A STREET ADDRESS STREET ADDRESS 6 INTERVALE DR CITY-ST-ZIP CITY-ST-7IE **CUMBERLAND RI 02864** ☐ Delete TITLE SVP/S Change ☐ Addition TITLE **VPS** NAME NAME **GOLDBECKER. PETER F** STREET ADDRESS STREET ADDRESS 9 BARN DRIVE CITY-ST-ZIP CITY-ST-ZIP **CUMBERLAND RI 02864** Delete Change ☐ Addition TITLE TITLE NAILE, KENNETH H NAME NAME STREET ADDRESS STREET ADDRESS 275 GILBERT STUART DR CITY-ST-ZIP CITY-ST-ZIP E GREENWICH RI 02818 ☐ Delete Change ☐ Addition TITLE BENSON, ROBERT K NAME STREET ADDRESS 29 MELROSE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BARRINGTON RI 02806**

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.

SIGNATURE:

Peter F. Goldbecker ITED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002

(401)334-6000

Amica Mutual Insurance Company Amica Life Insurance Company Amica General Agency, Inc.

CORPORATE OFFICE

One Hundred Amica Way, Lincoln, RI 02865-1156 Mail: PO Box 6008, Providence, RI 02940-6008

Amica

AUTO HOME LIFE

AMICA LIFE OFFICERS

5 Brook Road

Swansea, MA 02777

James E. McDermott, Jr.

Sr. Vice President and

President and Chief

Executive Officer

78 Newell Drive

General Manager

Cumberland, RI 02864

Robert A. DiMuccio

Thomas A. Taylor

Sr. Vice President, CFO and Treasurer

6 Intervale Drive Cumberland, RI 02864

Kenneth H. Nails

Sr. Vice President and General Counsel

275 Gilbert Stuart Drive E. Greenwich, RI 02818

Robert K. Benson

Sr. Vice President and

29 Melrose Avenue

Chief Investment Officer

Barrington, RI 02806

Peter F. Goldbecker

Sr. Vice President and

9 Barn Drive

Secretary

Cumberland, RI 02864

Mary Q. Williamson

Vice President

450 Wakefield Street W. Warwick, RI 02893

Stephen F. Dolan

Sr. Assistant Vice

8 Ridgeland Drive Cumberland, RI 02864

Stephen R. Brainard

Sr. Assistant Vice

President

President

3 Ashley Drive Lincoln, RI 02865

Dennis D. Giordano

Sr. Assistant Vice

President

280 Seaside Drive Jamestown, RI 02835

James R. Ruegg

Assistant Vice President

16 Pine Street

N. Providence, RI 02911

Thomas J. Murphy, III

Assistant Vice President

196 Country Club Drive

Warwick, RI 02888

Joan G. Assante

Assistant Vice President

71 Woodhaven Blvd. N. Providence, RI 02911

Joyce A. LaBanca

Claims Officer

17 Cady Street Johnston, RI 02919

Nyles L. Kruger

Director of Sales

11 Arbor Way

N. Kingstown, RI 02852

Toll Free: 1-800-65-AMICA Web Site: www.amica.com Alfachmen +

9 Wildwood Road

Duncan R. Hannah

Life Officer

Narragansett, RI 02882

Louis F. Mazza, Jr.

Life Officer

24 Veil Court

N. Kingstown, RI 02852

Marion A. Nencka

Operations Officer

20 Reservoir Avenue Warren, RI 02885

DIRECTORS

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

Peter B. Freeman, Director 100 Alumni Avenue Providence, RI 02906

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

Ronald K. Machtley, Director 1150 Douglas Pike Smithfield, RI 02917

Barry G. Hittner, Director 121 Hazard Avenue Providence, RI 02906

Michael D. Jeans 107 Westford Road Concord, MA 01742 Robert R. Faulkner, Director 228 Rumstick Road Barrington, RI 02806

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

Thomas A. Taylor, Director 5 Brook Road Swansea, MA 02777

Andrew M. Erickson, Director 10 Stone Ridge Drive E. Greenwich, RI 02818

Cheryl W. Snead, Director 101 St. James Court N. Providence, RI 02904

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