

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835984

FILED
Feb 22, 2007
Secretary of State

Entity Name: AMICA LIFE INSURANCE COMPANY

Current Principal Place of Business:

ONE HUNDRED AMICA WAY
LINCOLN, RI 02865 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6008
PROVIDENCE, RI 02940 US

New Mailing Address:

FEI Number: 05-0340166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCED () Delete
Name: DIMUCCIO, ROBERT A
Address: 6 INTERVALE DRIVE
City-St-Zip: CUMBERLAND, RI 02864

Title: SVPM () Delete
Name: MCDERMOTT, JAMES E JR
Address: 78 NEWELL DR.
City-St-Zip: CUMBERLAND, RI 02864

Title: SVPT () Delete
Name: WILLIAMSON, MARY Q
Address: 450 WAKEFIELD STREET
City-St-Zip: WEST WARWICK, RI 02893

Title: VPS () Delete
Name: MACKENZIE, ROBERT K
Address: 10 SARAH'S TRACE
City-St-Zip: EAST GREENWICH, RI 02818

Title: VPGC () Delete
Name: SUGLIA, ROBERT P
Address: 115 DANA ROAD
City-St-Zip: NO. KINGSTOWN, RI 02852

Title: SVPC () Delete
Name: BENSON, ROBERT K
Address: 29 MELROSE AVENUE
City-St-Zip: BARRINGTON, RI 02806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. MACKENZIE

VPS

02/22/2007

Electronic Signature of Signing Officer or Director

Date