

A70000002691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

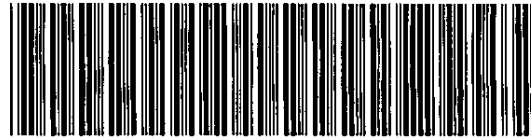
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400299350004

05/17/17--01025--023 \*\*78.75

FILED  
17 MAY 17 AM 9:57  
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 14 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amica Property and Casualty Insurance Company

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer A. Morrison

\_\_\_\_\_  
Name of Person

Amica Mutual Insurance Company

\_\_\_\_\_  
Firm/Company

100 Amica Way

\_\_\_\_\_  
Address

Lincoln, RI 02865

\_\_\_\_\_  
City/State and Zip code

jmorrison@amica.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer A. Morrison

800

652-6422 x24512

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
MAY 17 AM 9:57  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Amica Property and Casualty Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Rhode Island 3. 26-0115568  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 14, 2005 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Amica Way, Lincoln, RI 02865  
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
MAY 17 AM 9:57  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See complete list attached.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Robert A. DiMuccio, President

(Typed or printed name and capacity of person signing application)

FILED  
MAY 17 AM 9 57  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**Amica Property and Casualty Insurance Company  
Officers and Directors**

**Officers:**

- Robert A. DiMuccio  
Chairman, President and Chief Executive Officer  
100 Amica Way  
Lincoln, RI 02865
  
- Theodore C. Murphy  
Chief Operations Officer  
100 Amica Way  
Lincoln, RI 02865
  
- James P. Loring, Jr.  
Senior Vice President, Chief Financial Officer and Treasurer  
100 Amica Way  
Lincoln, RI 02865
  
- Robert K. Benson  
Senior Vice President and Chief Investment Officer  
100 Amica Way  
Lincoln, RI 02865
  
- Robert P. Suglia  
Senior Vice President and General Counsel  
100 Amica Way  
Lincoln, RI 02865
  
- James A. Bussiere  
Senior Vice President  
100 Amica Way  
Lincoln, RI 02865
  
- Sean F. Welch  
Senior Vice President  
100 Amica Way  
Lincoln, RI 02865
  
- Jill H. Andy  
Senior Vice President  
100 Amica Way  
Lincoln, RI 02865

FILED  
MAY 17 AM 9:57

**Officers (continued)**

Lisa M. DeCubellis  
Senior Vice President  
100 Amica Way  
Lincoln, RI 02865

Peter F. Moreau  
Senior Vice President and Chief Information Officer  
100 Amica Way  
Lincoln, RI 02865

Suzanne E. Casey  
Senior Assistant Vice President and Secretary  
100 Amica Way  
Lincoln, RI 02865

**Directors:**

Robert A. DiMuccio, Chair  
100 Amica Way  
Lincoln, RI 02865

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

Jeffrey P. Aiken  
100 Amica Way  
Lincoln, RI 02865

Ronald K. Machtley  
1150 Douglas Pike  
Smithfield, RI 02917

Barry G. Hittner  
100 Amica Way  
Lincoln, RI 02865

Cheryl W. Snead  
582 Great Road, Suite 101  
North Smithfield, RI 02896

FILED  
MAY 17 AM 9:57  
CLERK OF SUPERIOR COURT  
PROVIDENCE, RHODE ISLAND

**Directors (continued):**

Michael D. Jeans  
100 Amica Way  
Lincoln, RI 02865

Donald J. Reaves  
100 Amica Way  
Lincoln, RI 02865

Richard A. Plotkin  
100 Amica Way  
Lincoln, RI 02865

Edward F. DeGraan  
100 Amica Way  
Lincoln, RI 02865

Debra A. Canales  
1801 Lind Avenue SW  
Renton, WA 98057

Jill J. Avery  
Morgan Hall T69  
Soldiers Field Road  
Boston, MA 02163

FILED  
MAY 17 AM 9:57  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
**DEPARTMENT OF BUSINESS REGULATION**  
INSURANCE DIVISION  
1511 PONTIAC AVENUE, BLDG. 69-2, CRANSTON, RI 02920

*TO WHOM IT MAY CONCERN:*

The undersigned      **ELIZABETH KELLEHER DWYER**

Insurance Commissioner of the State of Rhode Island, hereby certifies that

**Amica Property and Casualty Insurance Company**

of the City of                      Lincoln                      in the State of Rhode Island

having complied with the requirements of the laws of this State relating to insurance companies, has been duly admitted, and is fully authorized to transact, through lawfully constituted and licensed resident agents, the business of all lines of business except life, annuities, title, mortgage guaranty, and financial guaranty insurance.

Insurance in said State of Rhode Island.

*In Witness Whereof,* I hereunto set my hand and  
affix the official seal of this Department on this 24<sup>th</sup>  
day of      **April**      A.D. 2017.



*Elizabeth Kelleher Dwyer*

Insurance Commissioner.

This license shall be continuous, unless sooner  
revoked or suspended, as provided by law.

FILED  
MAY 17 AM 9:57