

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18945

Entity Name: AMICA GENERAL AGENCY, INC.

FILED  
Mar 25, 2008  
Secretary of State

## Current Principal Place of Business:

ONE HUNDRED AMICA WAY  
LINCOLN, RI 02865 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6008  
PROVIDENCE, RI 029406008 US

## New Mailing Address:

FEI Number: 05-0430401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PCEO ( ) Delete  
Name: DIMUCCIO, ROBERT A  
Address: 6 INTERVALE DRIVE  
City-St-Zip: CUMBERLAND, RI 02864

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

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

Title: SVP ( ) Delete  
Name: BENSON, ROBERT K  
Address: 29 MELROSE AVE.  
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:

Title: ( ) Change ( ) Addition  
Name:  
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 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

03/25/2008

Electronic Signature of Signing Officer or Director

Date