

Edgar Filing: CHICOPEE BANCORP, INC. - Form SC 13G

CHICOPEE BANCORP, INC.
Form SC 13G
February 05, 2013

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 13G

UNDER THE SECURITIES AND EXCHANGE ACT OF 1934
ANNUAL FILING

Chicopee Bancorp, Inc.
(NAME OF ISSUER)

Common Stock
(TITLE CLASS OF SECURITIES)

168565-10-9
(CUSIP NUMBER)

12/31/2012

(DATE OF EVENT WHICH REQUIRES FILING OF THIS STATEMENT)
CHECK THE APPROPRIATE BOX TO DESIGNATE THE RULE PURSUANT TO WHICH THIS
SCHEDULE IS FILED:

() RULE 13D-1(B)
() RULE 13D-1(C)
(x) RULE 13D-1(D)

*THE REMAINDER OF THIS COVER PAGE SHALL BE FILLED OUT FOR A
REPORTING PERSON'S INITIAL FILING ON THIS FORM WITH RESPECT TO THE
SUBJECT CLASS OF SECURITIES, AND FOR ANY SUBSEQUENT AMENDMENT
CONTAINING INFORMATION WHICH WOULD ALTER THE DISCLOSURES PROVIDED
IN A PRIOR COVER PAGE.

THE INFORMATION REQUIRED IN THE REMAINDER OF THIS COVER PAGE SHALL
NOT BE DEEMED TO BE "FILED" FOR THE PURPOSE OF SECTION 18 OF THE
SECURITIES EXCHANGE ACT OF 1934 ("ACT") OR OTHERWISE SUBJECT TO THE
LIABILITIES OF THAT SECTION OF THE ACT BUT SHALL BE SUBJECT TO ALL
OTHER PROVISIONS OF THE ACT (HOWEVER, SEE THE NOTES).

CUSIP NO. 168565-10-9 13G PAGE 2 OF PAGES

1. NAME OF REPORTING PERSON
S.S. OR I.R.S. IDENTIFICATION NO. OF PERSON
AMICA MUTUAL INSURANCE COMPANY
05-0348344
2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP.*
3. SEC USE ONLY
4. CITIZENSHIP OR PLACE OF ORGANIZATION

LINCOLN, RHODE ISLAND
5. SOLE VOTING POWER 362,157

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- 6. SHARED VOTING POWER 0
- 7. SOLE DISPOSITIVE POWER 362,157
- 8. SHARED DISPOSITIVE POWER 0
- 9. AGGREGATED AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 362,157
- 10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*
- 11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 6.66%

12. TYPE OF REPORTING PERSON*
HC

ITEM 1.

- (A) NAME OF ISSUER:
Chicopee Bancorp, Inc.
- (B) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:
70 Center Street, Chicopee, MA 01013

ITEM 2.

- (A) NAME OF PERSON FILING:
AMICA MUTUAL INSURANCE COMPANY
- (B) ADDRESS OF PRINCIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE:
100 AMICA WAY
LINCOLN, RI 02865
- (C) CITIZENSHIP: A Rhode Island Corporation
- (D) TITLE CLASS OF SECURITIES: Common Stock
- (E) CUSIP NUMBER: 168565-10-9

ITEM 3. IF THIS STATEMENT IS FILED PURSUANT TO RULE 13D-1(B), OR 13D-2(B) or (C), CHECK WHETHER THE PERSON FILING IS A:
(g) A parent holding company or control person in accordance With section 240.13d 1(b) (1) (ii) (G)

ITEM 4. OWNERSHIP

- (A) AMOUNT BENEFICIALLY OWNED: 362,157
- (B) PERCENT OF CLASS: 6.66%
- (C) NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS:
 - (I) SOLE POWER TO VOTE OR TO DIRECT THE VOTE OF 362,157
 - (II) SHARED POWER TO VOTE OR TO DIRECT THE VOTE OF 0
 - (III) SOLE POWER TO DISPOSE OR TO DIRECT THE DISPOSITION OF 362,157
 - (IV) SHARED POWER TO DISPOSE OR DIRECT THE DISPOSITION OF 0

ITEM 5. OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following |?????|.

ITEM 6. OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON.
N/A

ITEM 7. IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY.
N/A

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ITEM 8. IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP

Amica Mutual Insurance Company
05-0348344
Amica Life Insurance Company
05-0340166
Amica Pension Fund
05-6017114
Amica Companies Foundation
05-0493445
Amica Retiree Medical Trust
41-6558543
Amica Supplemental Retirement Trust

ITEM 9. NOTICE OF DISSOLUTION OF GROUP

N/A

ITEM 10. CERTIFICATION

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purpose or effect.

Signature

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

AMICA MUTUAL INSURANCE COMPANY

MARY Q. WILLIAMSON
VICE PRESIDENT AND CONTROLLER