


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90032 040 ***150.00

DOCUMENT # F93000004103

1. Entity Name
CITIZENS MANAGEMENT, INC.



Principal Place of Business
**440 LINCOLN CTREET
 WORCESTER, MA 01653 US**

Mailing Address
**440 LINCOLN ST
 WORCESTER, MA 01653 US**

40031001

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02032006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3166066

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUBER, KENDALL J 440 LINCOLN ST WORCESTER, MA 01633 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MUDIE, KENNETH W 440 LINCOLN ST. WORCESTER, MA 01653 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRITT, MICHAEL K 645 W. GRAND RIVER HOWELL, MI 48843 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JOHNSON, DAVID B 645 W. GRAND RIVER HOWELL, MI 48843 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CRONIN, CHARLES F 440 LINCOLN STREET WORESTER, MA 01653 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 - | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Edward J. Parry III 440 Lincoln Street Worcester, MA 01653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Charles F. Cronin, Charles F. Cronin, Secretary **3/7/2006** **508-855-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



40031061

March 9, 2006

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Citizens Management Inc. F93000004103

Dear Sir/Madam:

Enclosed please find the completed and signed Annual Report along with a check for the fee due of \$150.00 and a complete listing of officers.

If there is anything further due for this annual report filing please contact me.

Very truly yours,

Jeannine DeLaura
Staff Accountant
Telephone: 508-855-2855
E-mail: jdelaura@hanover.com
Enclosures
Check #0091187770

440 Lincoln Street ■ Worcester, MA 01653 Phone | 508 - 853 - 7200 Fax | 508 - 853 - 6332

The Hanover Insurance Company | Citizens Insurance Company of America

www.Hanover.com

ATTACHMENT 40031061

F93000004103
Officers and Directors w/business address

Citizens Management Inc.

| <u>Name</u> | <u>Title</u> | <u>Business Address</u> |
|-----------------------|--------------------------|---|
| Michael K. Britt | Director | 645 West Grand River Avenue Howell, MI 48843 |
| | Chairman of the Board | |
| William J. Cahill Jr. | Assistant Secretary | 440 Lincoln Street Worcester, MA 01653 |
| Charles F. Cronin | Secretary | 440 Lincoln Street Worcester, MA 01653 |
| Lee D. Davidson | Vice President | 440 Lincoln Street Worcester, MA 01653 |
| | Chief Compliance Officer | |
| Scott W. Gaffner | Vice President | 808 Highlander Way P.O. Box 620 Howell, MI 48844-0620 |
| J. Kendall Huber | Director | 440 Lincoln Street Worcester, MA 01653 |
| Danny R. Komar | Vice President | 645 West Grand River Howell, MI 48843 |
| John R. Larson | Assistant Treasurer | 440 Lincoln Street Worcester, MA 01653 |
| Michael K. Malone | Vice President | 440 Lincoln Street Worcester, MA 01653 |
| Mark C. McGivney | Treasurer | 440 Lincoln Street Worcester, MA 01653 |
| Kenneth W. Mudie | Director | 440 Lincoln Street Worcester, MA 01653 |
| | President | |
| K. David Nunley | Vice President | 440 Lincoln St Worcester, MA 01653 |
| Edward J. Parry III | Vice President | 440 Lincoln Street Worcester, MA 01653 |
| | Assistant Treasurer | |
| Evelyn A. Tomaszycski | Assistant Treasurer | 645 West Grand River Howell, MI 48843 |