

1.) CORPORATION NAME: PRINCETON INSURANCE COMPANY	DUE DATE: 12/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WALTER A MARSTON JR 9100 ARBORETUM PARKWAY, SUITE 370 RICHMOND, VA	SCC ID NO: F1161845				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>42,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	42,000
CLASS	AUTHORIZED				
COMMON	42,000				
4.) STATE OR COUNTRY OF INCORPORATION: NJ					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 746 ALEXANDER RD.
P.O. BOX 5322

CITY/ST/ZIP: PRINCETON, NJ 08543-5322

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRENT C HEINEMEYER		
TITLE: SECRETARY		
ADDRESS: 5814 REED ROAD		
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GRAHAM T BILLINGHAM, M.D.		
TITLE: DIRECTOR		
ADDRESS: 5814 REEDROAD		
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY J KENESEY		
TITLE: DIRECTOR		
ADDRESS: 5814 REED ROAD		
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL LANDRIGAN		
TITLE: DIRECTOR		
ADDRESS: 5814 REED ROAD		
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES W LEFEVRE		
TITLE: DIRECTOR		
ADDRESS: 746 ALEXANDER RD		
CITY/ST/ZIP/CO: PRINCETON, NJ 08543-5322		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CHARLES W LEFEVRE	CHARLES W LEFEVRE,	12/10/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.