

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State
03-09-2001 90010 036 ***158.75

DOCUMENT # F97000003084

1. Entity Name
PRINCETON INSURANCE COMPANY

Principal Place of Business
**746 ALEXANDER RD.
PRINCETON NJ 08540**

Mailing Address
**746 ALEXANDER RD.
PRINCETON NJ 08540**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2386692**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete
NAME **BROWN, BARRY D**
STREET ADDRESS **5855 ELSTON SHORE RD.**
CITY-ST-ZIP **NEAVITT MD 21652**

TITLE **D** ☐ Change ☒ Addition
NAME **Duane M. Cady, MD**
STREET ADDRESS **1833 Meeker Hill Road**
CITY-ST-ZIP **Lafayette, NY 13084**

TITLE **P** ☐ Delete
NAME **SMITH, DONALD E**
STREET ADDRESS **746 ALEXANDER RD.**
CITY-ST-ZIP **PRINCETON NJ 08543-5322**

TITLE **D** ☐ Change ☒ Addition
NAME **John F. Dwyer, MD**
STREET ADDRESS **205 West End Ave.**
CITY-ST-ZIP **New York, NY 10023**

TITLE **C** ☐ Delete
NAME **MCLAUGHLIN, KEITH H**
STREET ADDRESS **530 NEW BRUNSWICK AVE.**
CITY-ST-ZIP **PERTH AMBOY NJ 08861**

TITLE **D** ☒ Change ☐ Addition
NAME **Keith McLaughlin**
STREET ADDRESS **530 New Brunswick Avenue**
CITY-ST-ZIP **Perth Amboy, NJ 08861**

TITLE **S** ☐ Delete
NAME **PILLA, MARK D**
STREET ADDRESS **95 OLD SHORT HILLS ROAD**
CITY-ST-ZIP **WEST ORANGE NJ 07052**

TITLE **D** ☐ Change ☒ Addition
NAME **Stanley L. Grossman, MD**
STREET ADDRESS **82 Susan Drive**
CITY-ST-ZIP **Newburgh, NY 12550**

TITLE **T** ☐ Delete
NAME **SCHAUB, RICHARD F**
STREET ADDRESS **RT 28 & LAMINGTON ROAD**
CITY-ST-ZIP **NORTH BRANCH NJ 08876**

TITLE **D, T** ☒ Change ☐ Addition
NAME **Richard Schaub**
STREET ADDRESS **128 Bermuda Drive**
CITY-ST-ZIP **Neshanic Station, NJ 08853**

TITLE **PCEO** ☐ Delete
NAME **AITCHISON, KENNETH W**
STREET ADDRESS **300 EXECUTIVE DRIVE, SUITE 275**
CITY-ST-ZIP **WEST ORANGE NJ 07052**

TITLE **D** ☒ Change ☐ Addition
NAME **Kenneth Aitchison**
STREET ADDRESS **300 Executive Drive, Suite 275**
CITY-ST-ZIP **West Orange, NJ 07052**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald E. Smith* **Donald E. Smith 3/7/01 (609) 452-9404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

#E97000003084
727965

Officers and Directors of Princeton Insurance Company (continued):

D
Harold Herzog
221 Mill Road
New Canaan, CT 06840

D
Robert A. Menotti, MD
95 Genesee Street
New Hartford, NY 13413

C
Andrew H. Patterson, MD
14 Birchbrook Road
Bronxville, NY 10708