



ANNUAL REPORT OF REPRESENTED ENTITY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
P O Box 185, Trenton, NJ 08625-0185
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
Website: www.elec.state.nj.us

FORM L1-L Reporting For Calendar Year 2009

ELEC RECEIVED FEB 19 2010

FOR STATE USE ONLY

Amendment [checked]

Name of Represented Entity Princeton Insurance Company

Business Address 746 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number 609-452-9404

RECEIVED VIA FAX

1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.

1. Name Kieran E. Pillion, Jr.

Registration Number 1321-1 Job Title Vice President/General Counsel

Business Address 746 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number 609-452-9404 ext 5392

2. Name Joseph W. Mawhinney

Registration Number 1321-3 Job Title Vice President/Chief Actuary

Business Address 746 Alexander Road

City Princeton State NJ Zip Code 08543

*(Area Code) Telephone Number 609-452-9404

3. Name

Registration Number Job Title

Business Address

City State Zip Code

*(Area Code) Telephone Number

4. Name

Registration Number Job Title

Business Address

City State Zip Code

*(Area Code) Telephone Number

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-11, an unlisted telephone number is not a public record and must not be provided on this form.

SCHEDULES D-1 & D-2 - ASSESSMENTS, MEMBERSHIP FEES, OR DUES

Schedule D-1 - Specific Intent

PURPOSE: To report the amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity with the specific intent to influence legislation, regulations, governmental processes, or to communicate with the general public, please provide the information below.

PART I - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
12/22/2008	American Tort Reform Association	D	\$ 860.00

Part I TOTAL \$ 860.00

PART II - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ 0.00

(Part I AND Part II) Schedule D-1 TOTAL \$ 860.00

Schedule D-2 - Major Purpose

PURPOSE: To report the pro rata amount of assessments, membership fees, or dues paid by the Represented Entity. If the assessments, membership fees, or dues were paid by the Represented Entity to an entity whose major purpose is to influence legislation, regulations, governmental processes, or to communicate with the general public, and, was not reported on Schedule D-1, "Specific Intent," please provide the information below:

PART I - For assessments, membership fees, or dues exceeding \$100 for the calendar year:

DATE	PAYEE	DESCRIPTION (A,M, or D)	AMOUNT
03/31/2009	Physician Insurers Association of America (PIAA)	M	\$ 48,289.22
01/27/2009	New Jersey Business & Industry Association	M	800.00

Part I TOTAL \$ 49,089.22

PART II - For assessments, membership fees, or dues \$100 or less for the calendar year:

Part II TOTAL \$ 0.00

(Part I and Part II) Schedule D-2 TOTAL \$ 49,089.22

Schedule D-1 AND Schedule D-2 TOTAL \$ 49,949.22

SUMMARY OF BENEFIT PASSING

PURPOSE: To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDULE G-1*	SCHEDULE G-2**	AMOUNT
Entertainment	\$ _____	+ \$ _____	= \$ _____ 0.00
Food and Beverage	_____	+ _____	= _____ 0.00
Travel	_____	+ _____	= _____ 0.00
Lodging	_____	+ _____	= _____ 0.00
Honoraria	_____	+ _____	= _____ 0.00
Loans	_____	+ _____	= _____ 0.00
Gifts	_____	+ _____	= _____ 0.00
Other(specify) _____	_____	+ _____	= _____ 0.00
Total	\$ _____	+ \$ _____	= \$ _____ 0.00
			SCHEDULE G-1 AND SCHEDULE G-2 TOTAL

* After completing all entries on Schedule G-1, provide totals by category.

** Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

ENTER THE TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.

DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.

\$ _____ .00

SUMMARY OF LOBBYING EXPENDITURES

EXPENDITURES

1. Salary and Compensation (Add the total from questions 1 & 2)	Schedule B Total \$	18,500.00
2. Support Personnel	Schedule C Total	0.00
3. Assessments, Membership Fees, or Dues	Schedule D-1 and Schedule D-2 Total	49,949.22
4. Communication Expenses	Schedule E Total	0.00
5. Travel and Lodging	Schedule F Total	0.00
6. Benefit Passing	Schedule G-1 and Schedule G-2 Total	0.00
Total Lobbying Expenditures \$		68,449.22

CERTIFICATION

This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

I, Kieran E. Pillion, Jr.

(print name)

hereby certify that I am duly authorized by

Princeton Insurance Company

(print name of Represented Entity)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2009

I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.


Signature

2/18/10
Date