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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00 **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
159150	Victor O. Schinnerer & Company, Inc.			
3. Street Address Principal Business Office		City	State	ZIP
121 River Street - 11th Floor		Hoboken	NJ	07030
4. Business Phone No.	5. State of Incorporation			
201-284-4000	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
General Insurance Agency

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
John F. Shettle Jr.			Joseph P. Gigliotti		
Street Address			Street Address		
2 Wisconsin Circle, Suite 1100			121 River Street		
City	State	ZIP	City	State	ZIP
Chevy Chase	MD	20815	Hoboken	NJ	07030
Secretary Name			Treasurer Name		
Florence Liu			Alan Bieler		
Street Address			Street Address		
1166 Avenue of the Americas			1166 Avenue of the Americas		
City	State	ZIP	City	State	ZIP
New York	NY	10036	New York	NY	10036

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Lorna M. Parsons			Marie P. Salomon		
Street Address			Street Address		
2 Wisconsin Circle, Suite 1100			2 Wisconsin Circle, Suite 1100		
City	State	ZIP	City	State	ZIP
Chevy Chase	MD	20815	Chevy Chase	MD	20815
Director Name			Director Name		
Street Address			Street Address		
City	State	ZIP	City	State	ZIP

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Comm	1.	1,000	Common	1.

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

File Date FILED
Check No. JAN 28 2008
By: By DS11404
FOR SECRETARY OF STATE USE ONLY

19223-21-222555

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature [signature] Date 1/16/08

Joseph P. Gigliotti
Print or Type Name

[redacted] Vice President
Title

Form 630 Rev. 12/06