State of Rhode Island and Providence Plantations

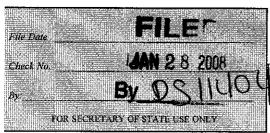
Office of the Secretary of State

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	f \$25.00.			
Corporate ID No. 2. Name of Corporation					
159150	Victor 0.	Schinnerer &	Company, Inc.		
3. Street Address Principal Busin			City	State	ZIP
121 River Stre	<u>et - 11th F</u>	loor	Hoboken	NJ	07030
4. Business Phone No.		5. State of Incorporation	•		
201-284-4000		Delaware			
6. Brief Description of the Chard		ted in Rhode Island			····
General Insura					
7, NAMES AND ADDRESSI	S OF THE OFFICER	S: ("X" BOX FOR ATT)	ACHMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
President Name			· Vice President Name		
John F. Shettle Jr.			:Joseph P. Gigliotti		
			Street Address		
			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		
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 ADDRESSE	S OF THE DIRECTOR	S: ("X" BOX FOR ATT.	ACHMENT) TILLIN SPA	CES BEFORE USING AT	A CANADA CHARACTER TO THE TAX A CANADA CONTRACTOR OF THE CONTRACTO
Director Name : Director Name					
Lorna M. Parsons			:Marie P. Salomon		
			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		
			:		
Street Address			Street Address		
			•		
City	State	ZIP	· City	State	ZIP
			:		
9. SHARES AUTHORIZED	("X" BOX FOR ATI	ACHMENT)	10. SHARES ISSUED ("X" BO	X FOR ATTACHMENT)	```
			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 corp	oration by an authorized	d representative. If the corporat	tion is in the hands of	a receiver or trustee.
his report must be executed of	on behalf of the corne	ration by the receiver	or trustee		,



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. Signap Gigliotti Vice President Title

WK40 RI0015-001 4