

1.) CORPORATION NAME:

John J. & Thomas R. Schiff & Co., Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1556440**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
HERNDON-RESTON INSURANCE AGENCY, INC.
718 PINE ST
HERNDON, VA 20170**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6200 S GILMORE RD

CITY/ST/ZIP: FAIRFIELD, OH 45014-

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.

NAME: RAYMOND E BROERMAN
TITLE: PRESIDENT
ADDRESS: 6200 S GILMORE ROAD
CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-

OFFICER

DIRECTOR

NAME: HERBERT S HUESMAN
TITLE: VICE PRESIDENT
ADDRESS: 6200 S GILMORE RD
CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-

OFFICER

DIRECTOR

NAME: JEFFREY S LUTTER
TITLE: VP/GM
ADDRESS: 6200 S GILMORE ROAD
CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-

OFFICER

DIRECTOR

NAME: THOMAS R SCHIFF
TITLE: DIRECTOR
ADDRESS: 6200 S GILMORE RD
CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-

OFFICER

DIRECTOR

NAME: JOHN J SCHIFF JR
TITLE: DIRECTOR
ADDRESS: 6200 S GILMORE RD
CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUCILLE IRVINE VICE PRESIDENT 6200 S. GILMORE RD. FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL A. BRANNON VICE PRESIDENT 6200 S. GILMORE RD. FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD SCOTT LINDSAY VICE PRESIDENT 6200 S. GILMORE RD. FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN J. SCHIFF, III VICE PRESIDENT 6200 S. GILMORE RD. FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. TIEMEIER VICE PRESIDENT 6200 S. GILMORE RD. FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES O. SCHIFF SECRETARY 6200 S. GILMORE RD. FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JEFFREY S LUTTER	JEFFREY S LUTTER, VP/GM	6/8/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.