

1.) CORPORATION NAME:

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

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HERNDON-RESTON INSURANCE AGENCY, INC.  
718 PINE ST  
HERNDON, VA**

SCC ID NO: **F1556440**

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.

<p>NAME: HERBERT S HUESMAN TITLE: VICE PRESIDENT ADDRESS: 6200 S GILMORE RD CITY/ST/ZIP/CO: FAIRFIELD, OH 45014</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DONALD SCOTT LINDSAY TITLE: VICE PRESIDENT ADDRESS: 6200 S. GILMORE RD. CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5141</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES O. SCHIFF TITLE: VP/SEC ADDRESS: 6200 S. GILMORE RD. CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5141</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN J. SCHIFF, III TITLE: VICE PRESIDENT ADDRESS: 6200 S. GILMORE RD. CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5141</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LUCILLE IRVINE TITLE: VICE PRESIDENT ADDRESS: 6200 S. GILMORE RD. CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5141</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY S LUTTER TITLE: VP/GM ADDRESS: 6200 S GILMORE ROAD CITY/ST/ZIP/CO: FAIRFIELD, OH 45014</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MICHAEL J. TIEMEIER TITLE: VICE PRESIDENT ADDRESS: 6200 S. GILMORE RD. CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS R SCHIFF TITLE: CHAIRMAN/CEO ADDRESS: 6200 S GILMORE ROAD CITY/ST/ZIP/CO: FAIRFIELD, OH 45014	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES O. SCHIFF TITLE: SECRETARY ADDRESS: 6200 S. GILMORE RD. CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5141	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS R SCHIFF TITLE: DIRECTOR ADDRESS: 6200 S GILMORE RD CITY/ST/ZIP/CO: FAIRFIELD, OH 45014	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN J SCHIFF JR TITLE: DIRECTOR ADDRESS: 6200 S GILMORE RD CITY/ST/ZIP/CO: FAIRFIELD, OH 45014	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY S LUTTER, VP/GM PRINTED NAME AND CORPORATE TITLE	6/3/2015 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.		