

**NY STATE CLIENT BUSINESS RELATIONSHIP FORM**

**Marking Instructions:** Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**I Reporting Information**

Year: 2016

Fill in circle if amendment 

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JUL 14 2016

**II Client Information**

Name: The Travelers Indemnity Company

Permanent Business Address: One Tower Square

City: Hartford

State: CT

ZIP code: 06183

Phone: 860-954-9176

**III Business Relationship with an Entity**

**Instructions:** Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Bel Associates

Entity Address: 1717 State Street

City: Watertown

State: NY

ZIP code: 13601

Phone: 315-788-4525

State Person with the Requisite Involvement in the Entity:

Last name: Blankenbush

First name: Ken

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: LOB 322

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5797

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s): Independent Insurance Agency authorized to sell Travelers Insurance products.

\*The amount below represents payments made  
 from 1/1/2011 through 6/30/2016.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 133,015.87\* .00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

**Designated Addendum Sheet for Sections III and IV**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**III Business Relationship with an Entity**

**Instructions:** Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

**III(a)** Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name: The Insurance Center, Stephen M. Hawley & Assoc., LLC

Entity Address: 50 Main Street

City: Batavia

State: NY

ZIP code: 14020

Phone: 800-343-2280

State Person with the Requisite Involvement in the Entity:

Last name: Hawley

First name: Stephen M.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: Room 329 LOB

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5811

**Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:**

Description of Business Relationship(s): Independent Insurance Agency authorized to sell Travelers insurance products.

\*The amount below represents payments made from 1/1/2011 through 6/30/2016.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): **\$ 110,413.50\* .00**

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

**III(b)** Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

#### IV Business Relationship with a State Person

**Instructions:** Fill out this section *only* if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: \_\_\_\_\_ State Person First Name: \_\_\_\_\_

Agency or Legislative Body of Employment: \_\_\_\_\_

Public Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Business Relationship(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compensation (Actual or Anticipated): \$ \_\_\_\_\_ .00

Expenses (Actual or Anticipated): \$ \_\_\_\_\_ .00

Total Compensation and Expenses (Actual or Anticipated): \$ \_\_\_\_\_ .00

Beginning date of Business Relationship (Actual or Anticipated): Month: \_\_\_\_\_ Year: \_\_\_\_\_

End date of Business Relationship (Actual or Anticipated) if applicable: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Check here if using addendum sheet for additional State Person(s):

#### V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE: *Glenn Westrick* DATE: 7/13/2016

PRINT NAME: LAST Westrick FIRST Glenn

Mark One:  Chief Administrative Officer  Designee (Attach Letter)

# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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## I Reporting Information

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## II Client Information

Name: The Travelers Indemnity Company

Permanent Business Address: One Tower Square

City: Hartford

State: CT

ZIP code: 06183

Phone: 860-954-9176

## III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Barclay Damon, LLP (formerly Hiscock and Barclay, LLP)

Entity Address: One Park Place - 300 South State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2700

State Person with the Requisite Involvement in the Entity:

Last name: Breslin

First name: Neil D.

State Person's Agency or Legislative Body of Employment: N.Y. State Senate

Public Office Address: 172 State Street, Room 414, Capitol

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-2225

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s): Mr. Breslin is "of Counsel" to Barclay Damon, LLP (formerly Hiscock and Barclay, LLP).

Barclay Damon, LLP provides legal services to Travelers and its insureds.

\*The amount below represents payments made  
from 1/1/2011 through 6/30/2016.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): **\$ 1,855,570.12\*** .00

Beginning date of Business Relationship (Actual or Anticipated): Month: prior to 8/2011 Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: n/a Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

## Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### III Business Relationship with an Entity

**Instructions:** Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

**III(a)** Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ .00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

**III(b)** Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name: Barclay Damon, LLP (formerly Hiscock and Barclay, LLP)

Entity Address: One Park Place - 300 South State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2700

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: William A.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: LOB 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841

Continued on next page

#### IV Business Relationship with a State Person

**Instructions:** Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated):

\$

.00

Expenses (Actual or Anticipated):

\$

.00

Total Compensation and Expenses (Actual or Anticipated):

\$

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

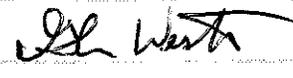
Year:

Check here if using addendum sheet for additional State Person(s):

#### V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

**X** SIGNATURE: 

DATE: 7/13/2016

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One:  Chief Administrative Officer

Designee (Attach Letter)



The Travelers Indemnity Company  
One Tower Square  
Hartford, CT 06183

July 13, 2016

New York State Joint Commission on Public Ethics  
ATTN: Program Operations  
540 Broadway  
Albany, NY 12207

"JCOPE" Rec'd

JUL 14 2016

To Whom it May Concern:

I, Andy Bessette, as Chief Administrative Officer of The Travelers Indemnity Company, designate Glenn Westrick, Senior Vice President – Government Relations to make and file reports required by the New York State Joint Commission on Public Ethics for the year 2016.

As Chief Administrative Officer, I am aware this designation does not relieve me of liability due to a failure to file, late filing or false filing of any report(s).

Sincerely,

Andy Bessette  
Chief Administrative Officer

Agreed to and accepted

Glenn Westrick  
Senior Vice President – Government Relations

