

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: 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED APR 02 2014

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

* The amount below represents payments made from 1-1-2011 to 2-28-2014.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 1,424,036.90* .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: 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: 518-455-5814

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: 4/1/14

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One: Chief Administrative Officer Designee (Attach Letter)

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: 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED APR 02 2014

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 to 2-28-14.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 68,626.01* .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: 585-343-2282

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 to 2-28-2014.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 56,626.23* .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: 

DATE: 4/1/14

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One: Chief Administrative Officer Designee(Attach Letter)