Print Form

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: 2015

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

Recv'd 1/16/16

II Client Information

Name: Insurance Association, Inc. (NY)

Permanent Business Address: 30 Washington Avenue

City: Albany State: NY ZIP code: 12210

Phone: 518.432.4227

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: Robert C. Oaks Insurance Agency

Entity Address: 1497 Willowdale Drive

City: Macedon State: NY ZIP code: 14502

Phone: 315.986.5812

State Person with the Requisite Involvement in the Entity: Assemblyman Robert C. Oaks

Last name: Oaks First name: Robert

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: 10 Leach Road

City: Lyons State: NY ZIP code: 14489

Phone: 315.946.5166

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

Description of Business Relationship(s): A NYIA board member, Jeff Rice, is president of Wayne Cooperative Insurance Co. Wayne Cooperative receives some of its insurance business through the Robert Oaks Agency.

Compensation (Actual or Anticipated): $ 6267 .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 6267 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** July **Year:** 2012

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: ☒

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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: B.E.L. 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: NYS Assemblyman Kenneth Blankenbush

Last name: Blankenbush | First name: Kenneth

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: 15 Bridge Street

City: West Carthage | State: NY | ZIP code: 13619

Phone: 315.493.3909

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

Description of Business Relationship(s): A NYIA board member, Jeff Rice, is president of Wayne Cooperative Insurance Co. Wayne Cooperative receives some of its insurance business through B.E.L. Associates.

Compensation (Actual or Anticipated): $5907 .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 5907 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** July **Year:** 2012

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:

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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: Nicolini, Paradise, Ferretti & Sabella

Entity Address: 114 Old Country Road, Suite 500

City: Mineola | State: NY | ZIP code: 11501

Phone: 516.741.6355

State Person with the Requisite Involvement in the Entity: NYS Assemblyman Brian Curran

Last name: Curran | First name: Brian

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: LOB 318

City: Albany | State: NY | ZIP code: 12248

Phone: 518.455.4656

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

Description of Business Relationship(s): A NYIA board member, Floyd Holloway, is counsel at State Farm Mutual Auto Insurance Co. State Farm does business with Nicolini, Paradise, Ferretti & Sabella.

Compensation (Actual or Anticipated): $ 7,336,203 .00

Expenses (Actual or Anticipated): $ 1,409,717 .00

Total Compensation and Expenses (Actual or Anticipated): $ 8,745,920 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** January **Year:** 2013

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:

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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: Crouch | State Person First Name: Clifford

Agency or Legislative Body of Employment: NYS Assemblyman

Public Office Address: 1 Kattleville Road, Suite 1

City: Binghamton | State: NY | ZIP code: 13901

Phone: 607.648.6080

Description of Business Relationship(s): A NYIA board member, Steven Coffey, is president of Broome Cooperative Insurance Co. Broome Cooperative has on its board of directors Assemblyman Clifford Couch.

Compensation (Actual or Anticipated): $ 1125 .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $1125 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** July **Year:** 2012

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** Ellen Melchionni, President **DATE:** 1-12-16

PRINT NAME: LAST Melchionni **FIRST** Ellen

Mark One: ⊗ Chief Administrative Officer ○ Designee(Attach Letter)