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
"JCOPE" Rec'd
JAN 13 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: 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 11/30/2015.

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $1,759,680.44* .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: ○

Continued on next page

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: 518-455-5814

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:** 1/13/16

PRINT NAME: LAST Westrick **FIRST** Glenn

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

Print Form

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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JAN 13 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 12/31/2015.

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 119,852.98* .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: ⊗

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

Entity Address: 50 Main Street

City: Batavia State: NY ZIP code: 14020

Phone: 585-343-2367

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: 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 12/31/2015.

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 98,690.81* .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:

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:** Gl Wes **DATE:** 1/13/2016

PRINT NAME: LAST Westrick **FIRST** Glenn

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

TRAVELERS

The Travelers Indemnity Company
One Tower Square
Hartford, CT 06183

January 13, 2016

"JCOPE" Rec'd

JAN 1 3 2016

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

To Whom it May Concern:

I, Andy Bessette, as Chief Administrative Officer of The Travelers Indemnity Company, designate Glenn Westrick, Senior Vice President – Director of Government Relations to make and file reports required by the New York State Joint Commission on Public Ethics for the year 2015.

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 – Director of Government Relations

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