NY STATE LOBBYIST 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

Biennial Period: July - December 2014

Fill in circle if amendment ○

FOR OFFICE USE ONLY

II am Lobbying entity is Chubb + Son, a Division of Federal Insurance Company (FKA Michael O'Malley)

RECEIVED JAN 14 2015

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:
or

Last Name: O'Malley First Name: Michael

Permanent Business Address: 15 Mountain View Road

City: Warren State: NJ ZIP code: 07059

Business Phone: (908)903-7004 Fax Number: (908)903-7015

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 & Barclay, LLP

Entity Address: 2000 HSBC Plaza, 100 Chestnut Street

City: Rochester State: NY ZIP code: 14604

Phone: 585-295-4424

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: NY State Assembly

Public Office Address: 172 State Street, Room 521

City: Albany State: NY ZIP code: 12248

Phone: (518) 455-5841

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

Description of Business Relationship(s): Hiscock & Barclay,LLP provides legal services to Chubb and its Insureds.

Compensation (Actual or Anticipated): $300,875.50 .00

Expenses (Actual or Anticipated): $ 4,842.84 .00

Total Compensation and Expenses (Actual or Anticipated): $ 305,718.34 .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:

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 & Barclay, LLP

Entity Address: 2000 HSBC Plaza, 100 Chestnut Street

City: Rochester State: NY ZIP code: 14604

Phone: 585 295-4424

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 Assembly

Public Office Address: 172 State Street, Room 414

City: Albany State: NY ZIP code: 12248

Phone: 518 455-2225

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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 other an 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 & Barclay, LLP

Entity Address: 2000 HSBC Plaza, 100 Chestnut Street

City: Rochester State: NY ZIP code: 14604

Phone: 585 295-4424

State Person with the Requisite Involvement in the Entity:

Last name: O'Mara First name: Thomas

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

Public Office Address: 172 State Street, Room 812

City: Albany State: NY ZIP code: 12248

Phone: 518 455-2091

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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: 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 principal lobbyist. If the principal lobbyist is an organization, the Chief Administrative Officer of such organization must sign this Declaration. (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:** 01/13/2015

PRINT NAME: LAST O'Malley **FIRST** Michael

Mark One: ☒ Principal Lobbyist ○ Chief Administrative Officer ○ Designee (Attach Letter)