

# NY STATE CLIENT SEMI-ANNUAL REPORT

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

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

**I Reporting Information**

Year: 2013

Fill in circle if amendment

Report Period:  January/June  July/December

Type of Lobbying:  Nonprocurement  Procurement  Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

*cjn* *Amendment*

RECEIVED JUL 17 2013

*Amended for SOFF*

**II Client Information**

Name: Life Insurance Council of New York, Inc.

Permanent Business Address: 551 Fifth Avenue

City: New York State: NY ZIP code: 10176

Business Phone: 212-986-6181 Fax Number: 212-986-6549

Third Party Beneficiary (see instructions):

**III Lobbyist(s) Information & Compensation (Current Period Only)**

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist:  Retained  Employed  Designated  
 Level of Gov't:  State Lobbying  Local Lobbying  Both  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Compensation for current period: \$ \_\_\_\_\_ .00

**B** Type of Lobbyist:  Retained  Employed  Designated  
 Level of Gov't:  State Lobbying  Local Lobbying  Both  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Compensation for current period: \$ \_\_\_\_\_ .00

**C** Type of Lobbyist:  Retained  Employed  Designated  
 Level of Gov't:  State Lobbying  Local Lobbying  Both  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Compensation for current period: \$ \_\_\_\_\_ .00

Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ \_\_\_\_\_ .00

**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$ .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ .00

**C Itemize each expense exceeding \$75:**

PAID TO: DATE: / /  Ad  Social Event

PURPOSE: AMOUNT: \$ .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

PAID TO: DATE: / /  Ad  Social Event

PURPOSE: AMOUNT: \$ .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

Continued on attached pages

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

**D Total expenses for current period:** \$ .00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: Mutual of America Life Insurance Company

or Single Source Person's Last Name: First Name:

Address: 320 Park Avenue State: NY ZIP code: 10022

City: New York

Phone: 800-468-3785

Date Contribution Received:	01 / 02 / 2013	Amount of Contribution:	\$ 11,400 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contribution(s) Single Source #2**

Single Source Entity's Name: USAA Life Insurance Company of New York

or Single Source Person's Last Name: First Name:

Address: 9800 Fredericksburg Road State: TX ZIP code: 78288

City: San Antonio

Phone: 800-531-8722

Date Contribution Received:	01 / 02 / 2013	Amount of Contribution:	\$ 4,495 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00
Date Contribution Received:	/ /	Amount of Contribution:	\$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source #3

Single Source Entity's Name: Monitor Life Insurance Company of New York

or  
Single Source Person's Last Name: First Name:

Address: 70 Genesee Street

City: Utica

State: NY

ZIP code: 13502

Phone:

Date Contribution Received:	01 / 03 / 2013	Amount of Contribution:	\$2,932	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 4

Single Source Entity's Name: Allianz Life Insurance Company of New York

or  
Single Source Person's Last Name: First Name:

Address: One Chase Manhattan Plaza, 37th Floor

City: New York

State: NY

ZIP code: 10005

Phone: 800-950-5872

Date Contribution Received:	01 / 07 / 2013	Amount of Contribution:	\$ 9,741	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 5

Single Source Entity's Name: Aviva Life and Annuity Company of New York

or  
Single Source Person's Last Name: First Name:

Address: 324 S. Service Road, Suite 200

City: Melville

State: NY

ZIP code: 11747

Phone:

Date Contribution Received:	01 / 07 / 2013	Amount of Contribution:	\$10,397	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

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## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 3

Single Source Entity's Name: John Hancock Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 100 Summit Lake Drive

State: NY

ZIP code: 10595

City: Valhalla

Phone: 800-387-2747

Date Contribution Received:	01	/08	/2013	Amount of Contribution:	\$23,456	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 7

Single Source Entity's Name: Farm Family Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: P.O. Box 656

State: NY

ZIP code: 12201

City: Albany

Phone: 800-948-3276

Date Contribution Received:	01	/09	/2013	Amount of Contribution:	\$6,115	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 8

Single Source Entity's Name: First Unum Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 666 Third Avenue, Suite 301

State: NY

ZIP code: 10017

City: New York

Phone: 866-679-3054

Date Contribution Received:	01	/10	/2013	Amount of Contribution:	\$16,628	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

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### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 9

Single Source Entity's Name: The Guardian Life Insurance Company of America

or  
Single Source Person's Last Name:

First Name:

Address: 7 Hanover Square

State: NY

ZIP code: 10004

City: New York

Phone: 800-387-2747

Date Contribution Received:	Amount of Contribution:	
01 / 10 / 2013	\$49,729	.00
06 / 19 / 2013	\$ 868	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 10

Single Source Entity's Name: Security Mutual Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: P.O. Box 1625

State: NY

ZIP code: 13902

City: Binghamton

Phone: 800-346-7171

Date Contribution Received:	Amount of Contribution:	
01 / 10 / 2013	\$ 13,889	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 11

Single Source Entity's Name: Sun Life Insurance and Annuity Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 60 East 42nd Street, Suite 3100

State: NY

ZIP code: 10165

City: New York

Phone: 800-786-5433

Date Contribution Received:	Amount of Contribution:	
01 / 10 / 2013	\$14,101	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 312

Single Source Entity's Name: National Benefit Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: One Court Square, 44th Floor

State: NY

ZIP code: 11120

City: Long Island City

Phone: 877-446-3060

Date Contribution Received:	01 / 11 / 2013	Amount of Contribution:	\$8,295	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 13

Single Source Entity's Name: Companion Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 888 Veterans Memorial Highway, Suite 515

State: NY

ZIP code: 11788

City: Hauppauge

Phone: 800-753-0404

Date Contribution Received:	01 / 14 / 2013	Amount of Contribution:	\$ 7,735	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 14

Single Source Entity's Name: New York Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 51 Madison Avenue

State: NY

ZIP code: 10010

City: New York

Phone: 800-598 - 2019

Date Contribution Received:	01 / 14 / 2013	Amount of Contribution:	\$65,740	.00
Date Contribution Received:	06 / 20 / 2013	Amount of Contribution:	\$ 1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 15

Single Source Entity's Name: SBLI USA Mutual Life Insurance Company, Inc.

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 460 West 34th Street, Suite 800

City: New York

State: NY

ZIP code: 10001

Phone: 888-438-7254

Date Contribution Received:	01 / 14 / 2013	Amount of Contribution:	\$7,909	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 16

Single Source Entity's Name: Vantis Life Insurance Company of New York

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 200 Day Hill Road

City: Windsor

State: CT

ZIP code: 06095

Phone: 800-252-7254

Date Contribution Received:	01 / 14 / 2013	Amount of Contribution:	\$ 2,932	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 17

Single Source Entity's Name: Union Security Life Insurance Company of New York

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 212 Highbridge Street, Suite D

City: Fayetteville

State: NY

ZIP code: 13066

Phone: 800-299-5433

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution:	\$3,376	.00
Date Contribution Received:	06 / 25 / 2013	Amount of Contribution:	\$ 174	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 18

Single Source Entity's Name: The Standard Life Insurance Company of New York

or  
Single Source Person's Last Name: First Name:

Address: 360 Hamilton Avenue, Suite 210

City: White Plains State: NY ZIP code: 10601

Phone: 800-628-8600

Date Contribution Received: 01 / 16 / 2013 Amount of Contribution: \$5,228 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 19

Single Source Entity's Name: Ameritas Life Insurance Corp. of New York

or  
Single Source Person's Last Name: First Name:

Address: 1350 Broadway, Suite 2201

City: New York State: NY ZIP code: 10018

Phone: 800-745-1112

Date Contribution Received: 01 / 18 / 2013 Amount of Contribution: \$3,684 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 20

Single Source Entity's Name: Zurich American Life Insurance Company of New York

or  
Single Source Person's Last Name: First Name:

Address: 165 Broadway, One Liberty Plaza

City: New York State: NY ZIP code: 10006

Phone: 800-449-0523

Date Contribution Received: 01 / 18 / 2013 Amount of Contribution: \$2,932 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 21

Single Source Entity's Name: The Independent Order of Foresters

or  
Single Source Person's Last Name:

First Name:

Address: P.O. Box 179

State: NY

ZIP code: 14201

City: Buffalo

Phone: 800 828 1540

Date Contribution Received:	<u>01 / 24 / 2013</u>	Amount of Contribution: <u>\$9,452</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 22

Single Source Entity's Name: Empire Fidelity Investments Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 200 Liberty Street

State: NY

ZIP code: 10281

City: New York

Phone: 800-348-3030

Date Contribution Received:	<u>01 / 28 / 2013</u>	Amount of Contribution: <u>\$ 7,060</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 23

Single Source Entity's Name: Gerber Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 1311 Mamaroneck Avenue

State: NY

ZIP code: 10605

City: White Plains

Phone: 800-704-2180

Date Contribution Received:	<u>01 / 28 / 2013</u>	Amount of Contribution: <u>\$8,275</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: <u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 24

Single Source Entity's Name: ING U.S., Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 230 Park Avenue, 13th Floor

State: NY

ZIP code: 10169

City: New York

Phone: 800-369-5303

Date Contribution Received:	<u>01 / 28 / 2013</u>	Amount of Contribution:	<u>\$15,432</u>	<u>.00</u>
Date Contribution Received:	<u>06 / 14 / 2013</u>	Amount of Contribution:	<u>\$ 675</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 25

Single Source Entity's Name: The Phoenix Companies, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: One American Row, P.O. Box 5056

State: CT

ZIP code: 06102

City: Hartford

Phone: 800-238-6208

Date Contribution Received:	<u>01 / 28 / 2013</u>	Amount of Contribution:	<u>\$ 14,429</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 26

Single Source Entity's Name: RiverSource Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 20 Madison Avenue Extension

State: NY

ZIP code: 12203

City: Albany

Phone: 800-862-7919

Date Contribution Received:	<u>02 / 01 / 2013</u>	Amount of Contribution:	<u>\$15,393</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 327

Single Source Entity's Name: MetLife

or  
Single Source Person's Last Name:

First Name:

Address: 1095 Avenue of the Americas

State: NY

ZIP code: 10036

City: New York

Phone: 800-638-5000

Date Contribution Received:	02 / 04 / 2013	Amount of Contribution:	\$69,771	.00
Date Contribution Received:	06 / 24 / 2013	Amount of Contribution:	\$ 579	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 28

Single Source Entity's Name: Genworth Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 666 Third Avenue, 9th Floor

State: NY

ZIP code: 10017

City: New York

Phone: 888-436-9678

Date Contribution Received:	02 / 19 / 2013	Amount of Contribution:	\$ 20,061	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 29

Single Source Entity's Name: William Penn Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 100 Quentin Roosevelt Blvd.

State: NY

ZIP code: 11530

City: Garden City

Phone: 800-346-4773

Date Contribution Received:	02 / 25 / 2013	Amount of Contribution:	\$ 10,416	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 30

Single Source Entity's Name: Church Life Insurance Corporation

or  
Single Source Person's Last Name: First Name:

Address: 445 Fifth Avenue

City: New York

State: NY

ZIP code: 10016

Phone: 800-223-6602

Date Contribution Received:	Amount of Contribution:	
02 / 28 / 2013	\$3,665	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 31

Single Source Entity's Name: Bankers Conesco Life Insurance Company

or  
Single Source Person's Last Name: First Name:

Address: 350 Jericho Turnpike, Suite 304

City: Jericho

State: NY

ZIP code: 11753

Phone: 800-845-5512

Date Contribution Received:	Amount of Contribution:	
03 / 04 / 2013	\$3,877	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 32

Single Source Entity's Name: Life Insurance Company of Boston and New York

or  
Single Source Person's Last Name: First Name:

Address: 277 North Avenue, Suite 200

City: New Rochelle

State: NY

ZIP code: 10801

Phone: 800-645-2317

Date Contribution Received:	Amount of Contribution:	
03 / 04 / 2013	\$2,971	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 33

Single Source Entity's Name: TIAA-CREF

or  
Single Source Person's Last Name:

First Name:

Address: 730 Third Avenue

State: NY

ZIP code: 10017

City: New York

Phone: 800-842-2733

Date Contribution Received: 03 / 05 / 2013 Amount of Contribution: \$59,007 .00

Date Contribution Received: 06 / 24 / 2013 Amount of Contribution: \$ 1,061 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 34

Single Source Entity's Name: First Symetra National Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 260 Madison Avenue

State: NY

ZIP code: 10017

City: New York

Phone: 800-796-3872

Date Contribution Received: 03 / 07 / 2013 Amount of Contribution: \$ 5,150 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 35

Single Source Entity's Name: American Equity Investment Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 1979 Marcus Avenue, Suite 210

State: NY

ZIP code: 11042

City: Lake Success

Phone: 888-221-1234

Date Contribution Received: 03 / 11 / 2013 Amount of Contribution: \$ 3,549 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 36

Single Source Entity's Name: Combined Life Insurance Company of New York

or  
Single Source Person's Last Name:

First Name:

Address: 13 Cornell Road

State: NY

ZIP code: 12110

City: Latham

Phone: 847-953-2025

Date Contribution Received:	04 / 08 / 2013	Amount of Contribution: \$5,806	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 37

Single Source Entity's Name: The United States Life Insurance Company in the City of New York

or  
Single Source Person's Last Name:

First Name:

Address: One World Financial Center, 200 Liberty Street

State: NY

ZIP code: 10281

City: New York

Phone: 800-487-5433

Date Contribution Received:	04 / 29 / 2013	Amount of Contribution: \$ 40,509	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 38

Single Source Entity's Name: Hartford Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 200 Hopmeadow Street

State: CT

ZIP code: 06089

City: Simsbury

Phone: 860-547-5000

Date Contribution Received:	01 / 02 / 2013	Amount of Contribution: \$5,459	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source #39

Single Source Entity's Name: Pacific Life and Annuity Company

or  
Single Source Person's Last Name:

First Name:

Address: 700 Newport Center Drive

State: CA

ZIP code: 92660

City: Newport Beach

Phone: 800-800-7646

Date Contribution Received:	01	/	02	/	2013	Amount of Contribution:	\$3,569	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 40

Single Source Entity's Name: Woodmen of the World Life Insurance Society

or  
Single Source Person's Last Name:

First Name:

Address: 1700 Farnam Street

State: NE

ZIP code: 68102

City: Omaha

Phone: 877-664-3332

Date Contribution Received:	01	/	02	/	2013	Amount of Contribution:	\$ 3,067	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 41

Single Source Entity's Name: Liberty Life Assurance Company of Boston

or  
Single Source Person's Last Name:

First Name:

Address: 100 Liberty Way

State: NH

ZIP code: 03820

City: Dover

Phone: 800-451-7065

Date Contribution Received:	01	/	07	/	2013	Amount of Contribution:	\$6,520	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 342

Single Source Entity's Name: CMFG Life Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 2000 Heritage Way

State: IA

ZIP code: 50677

City: Waverly

Phone: 800-356-2644

Date Contribution Received:	01	/	10	/	2013	Amount of Contribution:	\$3,790	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 43

Single Source Entity's Name: State Farm Life & Accident Assurance Company

or  
Single Source Person's Last Name:

First Name:

Address: One State Farm Plaza

State: IL

ZIP code: 61710

City: Bloomington

Phone: 800-447-4930

Date Contribution Received:	01	/	14	/	2013	Amount of Contribution:	\$ 3,347	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 44

Single Source Entity's Name: Nationwide Financial Services

or  
Single Source Person's Last Name:

First Name:

Address: 1000 Nationwide Drive

State: PA

ZIP code: 17110

City: Harrisburg

Phone: 877-669-6877

Date Contribution Received:	01	/	15	/	2013	Amount of Contribution:	\$9,876	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 45

Single Source Entity's Name: Northwestern Mutual

or  
Single Source Person's Last Name:

First Name:

Address: 720 East Wisconsin Avenue

State: WI

ZIP code: 53202

City: Milwaukee

Phone: 414-271-1444

Date Contribution Received:	01 / 22 / 2013	Amount of Contribution:	\$11,574	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 46

Single Source Entity's Name: Swiss Re Life and Health America Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 175 King Street

State: NY

ZIP code: 61710

City: Armonk

Phone: 917-828-4069

Date Contribution Received:	01 / 22 / 2013	Amount of Contribution:	\$ 3,511	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 47

Single Source Entity's Name: Principal Financial Group

or  
Single Source Person's Last Name:

First Name:

Address: 711 High Street

State: IA

ZIP code: 50392

City: Des Moines

Phone: 800-986-3343

Date Contribution Received:	02 / 01 / 2013	Amount of Contribution:	\$11,574	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 348

Single Source Entity's Name: Protective Life and Annuity Insurance Company

or  
Single Source Person's Last Name: First Name:

Address: 2801 Highway 280 South

City: Birmingham

State: AL

ZIP code: 35223

Phone: 205-268-1000

Date Contribution Received:	02 / 11 / 2013	Amount of Contribution: \$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 49

Single Source Entity's Name: SCOR Global Life Re Insurance Company of Texas

or  
Single Source Person's Last Name: First Name:

Address: 101 S. Tryon Street, Suite 3200

City: Charlotte

State: NC

ZIP code: 28280

Phone: (704)344-2700

Date Contribution Received:	02 / 11 / 2013	Amount of Contribution: \$ 1,929	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 50

Single Source Entity's Name: The Prudential Insurance Company of America

or  
Single Source Person's Last Name: First Name:

Address: 751 Broad Street

City: Newark

State: NJ

ZIP code: 07102

Phone: 888-778-2888

Date Contribution Received:	02 / 25 / 2013	Amount of Contribution: \$11,574	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 51

Single Source Entity's Name: Securian Life Insurance Company

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 400 Robert Street North

City: Saint Paul

State: MN

ZIP code: 55101

Phone: 651-665-3500

Date Contribution Received:	<u>03 / 04 / 2013</u>	Amount of Contribution: \$ <u>1,929</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 52

Single Source Entity's Name: Munich American Reassurance Company

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 56 Perimeter Center East, NE, Suite 500

City: Atlanta

State: GA

ZIP code: 30346

Phone: (770) 350-3200

Date Contribution Received:	<u>03 / 14 / 2013</u>	Amount of Contribution: \$ <u>3,327</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 53

Single Source Entity's Name: Continental Assurance Company

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 333 South Wabash

City: Chicago

State: IL

ZIP code: 60604

Phone: (877)262-2727

Date Contribution Received:	<u>04 / 16 / 2013</u>	Amount of Contribution: \$ <u>2,411</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 54

Single Source Entity's Name: Alvarez & Marsal

or  
Single Source Person's Last Name:

First Name:

Address: 600 Madison Avenue, 8th Floor

State: NY

ZIP code: 10022

City: New York

Phone: 212-759-4433

Date Contribution Received:	01 / 02 / 2013	Amount of Contribution:	\$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 55

Single Source Entity's Name: Debevoise & Plimpton LLP

or  
Single Source Person's Last Name:

First Name:

Address: 919 Third Avenue

State: NY

ZIP code: 10022

City: New York

Phone: 212-909-6000

Date Contribution Received:	01 / 02 / 2013	Amount of Contribution:	\$ 1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 56

Single Source Entity's Name: Ernst & Young LLP

or  
Single Source Person's Last Name:

First Name:

Address: 5 Times Square

State: NY

ZIP code: 10036

City: New York

Phone: 212-773-3000

Date Contribution Received:	01 / 02 / 2013	Amount of Contribution:	\$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

# Designated Addendum sheet for section V(A)

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

## V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

### Contributions from Single Source # 57

Single Source Entity's Name: Sidley Austin LLP

or  
Single Source Person's Last Name:

First Name:

Address: 787 Seventh Avenue

State: NY

ZIP code: 10019

City: New York

Phone: 212-839-5300

Date Contribution Received:	Amount of Contribution:	
01 / 02 / 2013	\$ 1,929	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 58

Single Source Entity's Name: Davis & Harman LLP

or  
Single Source Person's Last Name:

First Name:

Address: 1455 Painsylvania Avenue, NW, Suite 1200

State: DC

ZIP code: 20004

City: Washington

Phone: 202-347-2230

Date Contribution Received:	Amount of Contribution:	
01 / 07 / 2013	\$ 1,929	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

### Contributions from Single Source # 59

Single Source Entity's Name: Sutherland Asbill & Brennan LLP

or  
Single Source Person's Last Name:

First Name:

Address: 700 Sixth Street, NW, Suite 700

State: DC

ZIP code: 20001

City: Washington

Phone: 202-383-0100

Date Contribution Received:	Amount of Contribution:	
01 / 07 / 2013	\$ 1,929	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00
/ /	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 360

Single Source Entity's Name: Milliman, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: One Pennsylvania Plaza, 38th Floor

State: NY

ZIP code: 10119

City: New York

Phone: 646-473-3000

Date Contribution Received:	01 / 11 / 2013	Amount of Contribution:	\$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 61

Single Source Entity's Name: Willkie Farr & Gallagher LLP

or  
Single Source Person's Last Name:

First Name:

Address: 787 Seventh Avenue

State: NY

ZIP code: 10019

City: New York

Phone: 212-728-8000

Date Contribution Received:	01 / 11 / 2013	Amount of Contribution:	\$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 62

Single Source Entity's Name: Towers Watson

or  
Single Source Person's Last Name:

First Name:

Address: 335 Madison Avenue, 21st Floor

State: NY

ZIP code: 10017

City: New York

Phone: 212-309-3400

Date Contribution Received:	01 / 18 / 2013	Amount of Contribution:	\$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 63

Single Source Entity's Name: Dai-Ichi Life International (USA), Inc.

or  
Single Source Person's Last Name: First Name:

Address: 1133 Avenue of the Americas, 28th Floor

City: New York

State: NY

ZIP code: 10036

Phone: 212-350-7600

Date Contribution Received:	01 / 28 / 2013	Amount of Contribution: \$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 64

Single Source Entity's Name: KPMG LLP

or  
Single Source Person's Last Name: First Name:

Address: 345 Park Avenue

City: New York

State: NY

ZIP code: <sup>10154</sup>~~100154~~

Phone: 212-758-9700

Date Contribution Received:	01 / 28 / 2013	Amount of Contribution: \$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 65

Single Source Entity's Name: ParenteBeard LLC

or  
Single Source Person's Last Name: First Name:

Address: Empire State Bldg, 350 Fifth Avenue, 68th Floor

City: New York

State: NY

ZIP code: 10118

Phone: 212-736-1900

Date Contribution Received:	02 / 28 / 2013	Amount of Contribution: \$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 66

Single Source Entity's Name: Stephoe & Johnson LLP

or  
Single Source Person's Last Name:

First Name:

Address: 1330 Connecticut Avenue, NW

City: Washington

State: DC

ZIP code: 20036

Phone: 202-429-3000

Date Contribution Received:	<u>03 / 08 / 2013</u>	Amount of Contribution:	<u>\$1,929</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 67

Single Source Entity's Name: Clifford Chance US LLP

or  
Single Source Person's Last Name:

First Name:

Address: 31 West 52nd Street

City: New York

State: NY

ZIP code: 10019

Phone: 212-758-9700

Date Contribution Received:	<u>03 / 20 / 2013</u>	Amount of Contribution:	<u>\$ 1,929</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 68

Single Source Entity's Name: Deloitte

or  
Single Source Person's Last Name:

First Name:

Address: Two World Financial Center, 225 Liberty Street

City: New York

State: NY

ZIP code: 10281

Phone: 212-436-2000

Date Contribution Received:	<u>04 / 01 / 2013</u>	Amount of Contribution:	<u>\$1,929</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution:	<u>\$</u>	<u>.00</u>

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 69

Single Source Entity's Name: PricewaterhouseCoopers LLP

or  
Single Source Person's Last Name: First Name:

Address: 185 Asylum Street, Suite 2400

City: Hartford

State: CT

ZIP code: 06103

Phone: 860-241-7000

Date Contribution Received:	04 / 08 / 2013	Amount of Contribution:	\$1,929	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 70

Single Source Entity's Name: Park Strategies LLC

or  
Single Source Person's Last Name: First Name:

Address: 125 State Street, 3rd Floor

City: Albany

State: NY

ZIP code: 12207

Phone: 518-426-3800

Date Contribution Received:	05 / 29 / 2013	Amount of Contribution:	\$ 1,292	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 71

Single Source Entity's Name: Mayer Brown LLP

or  
Single Source Person's Last Name: First Name:

Address: 1675 Broadway

City: New York

State: NY

ZIP code: 10019

Phone: 212-506-2500

Date Contribution Received:	06 / 24 / 2013	Amount of Contribution:	\$ 1,125	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

## Designated Addendum sheet for section V(A)

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

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 72

Single Source Entity's Name: Columbian Mutual Life Insurance Company

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: P.O. Box 1381, Vestal Parkway East

City: Binghamton State: New York ZIP code: 13902

Phone: 800-452-0555

Date Contribution Received: 06 / 13 / 2013 Amount of Contribution: \$386 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # 73

Single Source Entity's Name: Hinman Straub P.C.

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 121 State Street

City: Albany State: New York ZIP code: 12207

Phone: 518-436-0751

Date Contribution Received: 06 / 19 / 2013 Amount of Contribution: \$482 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

#### Contributions from Single Source # \_\_\_\_\_

Single Source Entity's Name: \_\_\_\_\_

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

**VI** Subjects lobbied:

[Empty box for VI]

Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

[Empty box for VII]

Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

[Empty box for VII]

Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

[Empty box for VIII]

Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

[Empty box for IX]

Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

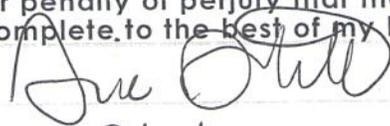
[Empty box for X]

Continued on attached pages

**XI 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: July 15, 2013

PRINT NAME: LAST Stuto

FIRST Diane

TITLE: Executive Vice President

Mark One:  Chief Administrative Officer  Designee (Attach Letter) on file

**The following MUST be attached to this report at the time of submission:**

- You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.