

# 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: 2013

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

RECEIVED MAY 09 2013

## 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 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2815

State Person with the Requisite Involvement in the Entity:

Last name: Breslin

First name: Neil A.

State Person's Agency or Legislative Body of Employment: N.Y. State Senate

Public Office Address: 172 State Street, Room 414

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 3-31-2013.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 1,098,268.85\* .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 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2815

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: 172 State Street

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841

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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:

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 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2815

State Person with the Requisite Involvement in the Entity:

Last name: Nojay

First name: William R.

State Person's Agency or Legislative Body of Employment: N.Y. State Assembly

Public Office Address: 172 State Street, Room 527

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5662

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:

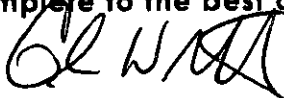
Check here if using addendum sheet for additional State Person(s): ☐

#### 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: 5/7/2013

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.  
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## I Reporting Information

Year: 2013

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## II Client Information

Name:

Permanent Business Address:

City:

State:

ZIP code:

Phone:

## 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: 172 State Street, Room 414

City: Albany

State: NY

ZIP code: 12247

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 3-31-2013.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): **\$ 67,806.00\* .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: 1-800-343-2280

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: 172 State Street, Room 329

City: Albany

State: NY

ZIP code: 12247

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 3-31-2013.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated):

\$ 36,644.00\* .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:

*Glenn Westrick*

DATE: 5/7/13

PRINT NAME: LAST Westrick

FIRST Glenn

Mark One:

☐ Chief Administrative Officer

☒ Designee (Attach Letter)