

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 Jan 17, 2014

II Client Information

Name: Insurance Association, Inc. (NY)

Permanent Business Address: 130 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Phone: (518) 432-4227

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Robert C. Oaks Insurance Agency

Entity Address: 1497 Willowdale Drive

City: Macedon

State: NY

ZIP code: 14489

Phone: (315) 986-5812

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

Last name: Oaks

First name: Robert

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

Public Office Address: 10 Leach Road

City: Lyons

State: NY

ZIP code: 14489

Phone: (315) 946-5166

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

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

Compensation (Actual or Anticipated): \$ 7047 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 7047 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: July

Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Designated Addendum Sheet for Sections III and IV

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

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

III(a) Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name: B.E.L. Associates

Entity Address: 1717 State Street

City: Watertown

State: NY

ZIP code: 13601

Phone: (315) 788-4525

State Person with the Requisite Involvement in the Entity: Assemblyman Kenneth Blankenbush

Last name: Blankenbush

First name: Kenneth

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

Public Office Address: 15 Bridge Street

City: West Carthage

State: NY

ZIP code: 13619

Phone: (315) 493-3909

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

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

Compensation (Actual or Anticipated): \$ 5863.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 5863.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: July

Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

III(b) Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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: Crouch State Person First Name: Clifford
Agency or Legislative Body of Employment: New York Assemblyman
Public Office Address: 1 Kattelville Road, Suite 1
City: Binghamton State: NY ZIP code: 13901
Phone: (607) 648-6080

Description of Business Relationship(s): A NYIA Board member, Vice Chair
Steven Coffey is President of Broome Co-operative Insurance
Company. Broome Co-operative has on its Board of
Directors Assemblyman Clifford Crouch

Compensation (Actual or Anticipated): \$ 3305.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 3305.00

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

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

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

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: Ellen Melchionni, President DATE: 1-15-14

PRINT NAME: LAST Melchionni FIRST Ellen

Mark One: ☐ Chief Administrative Officer ☐ Designee (Attach Letter)